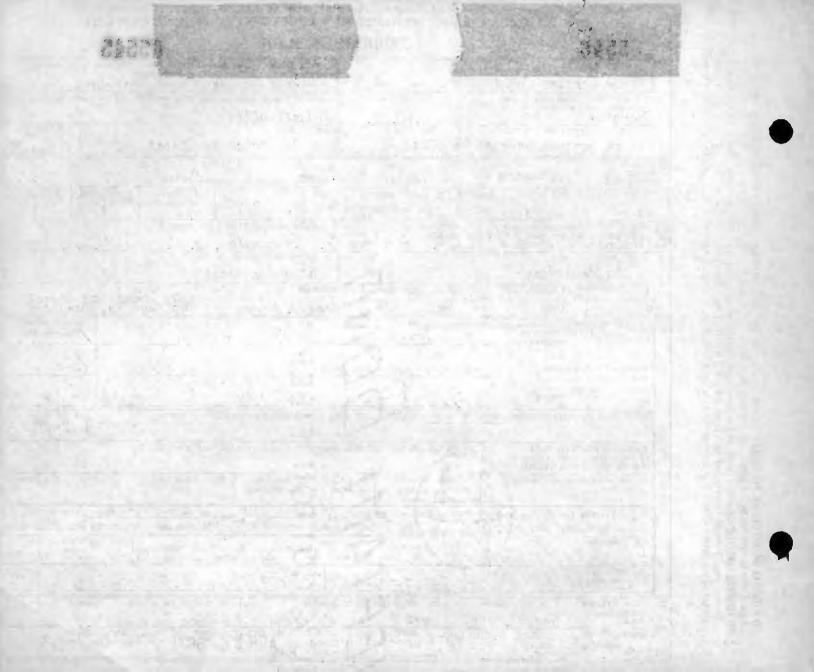
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05546 requires that the death certificate be executed within 24 hours ofter death. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) filled in by the funeral PLACE OF DEATH Prince Georges County Georges County Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) dugttruille heverly e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 4407 Juckerman Street Prince Georges General Hospital YES NO P NAME OF Middle 4. DATE Month Year Doy completely DECEASED Maurice Alsop MARIA 19 6 P (Type or print) DEATH ent IF UNDER 24 HRS IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH (In years 7. MARRIED NEVER MARRIED remove birthdoy) Months Dovs Hours Nov 28. 1897 DIVORCED white WIDOWED male TOp. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physician c during most of working life, eyen if retired) COUNTRY? Washington, D. Lenhone witchboard installer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Thaddens Alson Catherine Frank the attending passit permit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Makarman Street ্ Huattsville Audrou 9 1100 buriol-transit pern buriol, cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per fine-for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) SICX DUE TO signed Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse the hos been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO C O FUNERAL DIRECTOR: After this certificate 0 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (Slote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) Hour o.m. factory, street, office bldg., etc.) While Not While at work ot work 21. I certify that (1) (this haspital) attended the deceased from VOHE. should 7 1967, and that death accurred at 235M, from causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED X DIRECTOR M.D. PHYS. PHYS. 22d. ADDRESS should be director, NAME OF CEMETERY OR CREMATORY (OCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL CREMATION (County) (Stote) REMOVAL (Specify) Fort Lincoln Cemetery Prince Georges APR 2 6 19 24. FUNERAL DIRECTOR VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 85547 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAN HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY 2, and 3 to Prince George Maryland MARYLAND Prince Geo. b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. Forestville 6 Mo Forestville d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d7 WFE) 100 REIS Marlboro kitchie kd. farm Regency Nursing Home date YES NO [in Item 18. Give Pages be executed within 24 haurs after death. please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pag I director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with NAME OF 4. DATE Doy Year DECEASED Field Armiger (Type or print) Cyrus DEATH Apri 9. AGE (In years 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) yrs. Months Days Hours White May 19, 1889 in any event within 72 haurs after death WIDOWED DIVORCED File pages 1 and 2 10a. USUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired)

Retired INDUSTRY COUNTRY? Merchant. Maryland **IISA** 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John William Armiger Virginia Wayson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 577-16-7709 Roberta B. L. Plummer No Same as #20 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Hemorrhage and Shock This certificate shauld Conditions, if ony, which gave Laceration of Wrist 15 Min rise to immediate couse (a), DUE TO stating the underlying couse burial, crematian, ar remayal, and 3 shauld be used as last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Medistatic Carcinoma from Carcinoma of Lung. NO T 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY TOT CONTRIBUTING CAUSE OF DEATH. Cut Wrist with Knife MEDICAL 20d INJURY OCCURRED 20f. 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 3/2/67 10:30 PM Not While factory, street, office bldg., etc.) While FUNERAL DIRECTOR: Page While at work Regency Nursing Home at work Same as #2 21. I certify that I took charge of the remains described-above, held an Autopsy ... Inspection , Inquiry 😱, and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicide Hamicide the funeral directar. may be retained CHIEF MEDICAL EXAMINER Health priar to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Apr 3. 1967 **EXAMINER'S** NAME (Type) John Kehoe Address (Street, city, town, or county) BURIAL CREMATION. 23b. DATE THEREO! 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) Buria Buria Washington 4/5/67 Rock Creek Cemetery | Wash 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) Victories Lees Sons, 300 4th St.NEWash..Dc APR 6M 1/67

anger male ATTEMPTED TO A TOTAL TO A STORY OF THE STORY Elemi multiple plays acres TY PEFF ENDING William With a service of MEDICAL TOTAL STREET ST _ ## 1 (A / 1) the same was the property of the same water attached stoneth ten matter son asin it wilding angred to mention at the treat eight maked of which drive in the and TO THE PARTY OF TH NORTH THEAT AT THE The state of the broad about the term of the state of the

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ATTENDING

be retained

certificate has been

be detached for use as the State Dept. of Health prior to

within 24 hours after death

requires that the death certificate be executed

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 05550 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY Prince Georges Prince Georges Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town)
Suitiand C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Suritland e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 106 Bellgreen Street 106 Bellgreen Street NO E YES NAME OF Middle 4. DATE First Year DECEASED M BABCHAK 19 67 ESTHER April 30 (Type or print) DEATH S SEX IF UNDER 1 YEAR IF LINDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In veors 7. MARRIED NEVER MARRIED lost hirthdoy) HOIRS Female White June 22, 1905 WIDOWED DIVORCED 10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRYA Virginia Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Whited Caroline Duncan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Andrew J/ Babchak 106 Bellgreen Street IB. CAUSE OF DEATH (Enter only one couse ger line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSER AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg/etc.) Not While 21. 1 certify that IA (this hospital) attended the deceased fram 100 and that death occurred at 7/ M. fram causes and on the date stated above. sow the deceased olive an 220. SIGNATURE DIRECTOR PHYS 22c. PHYSICIAN'S ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County)

Cedar Hill Cemetery

Maryland

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2Sb.

2So. REC'D BY REGISTRAR

10 FUNERAL DIRECTOR: TO HOSPITAL Page 4 may b directar, po shauld be f VR A15 (4)

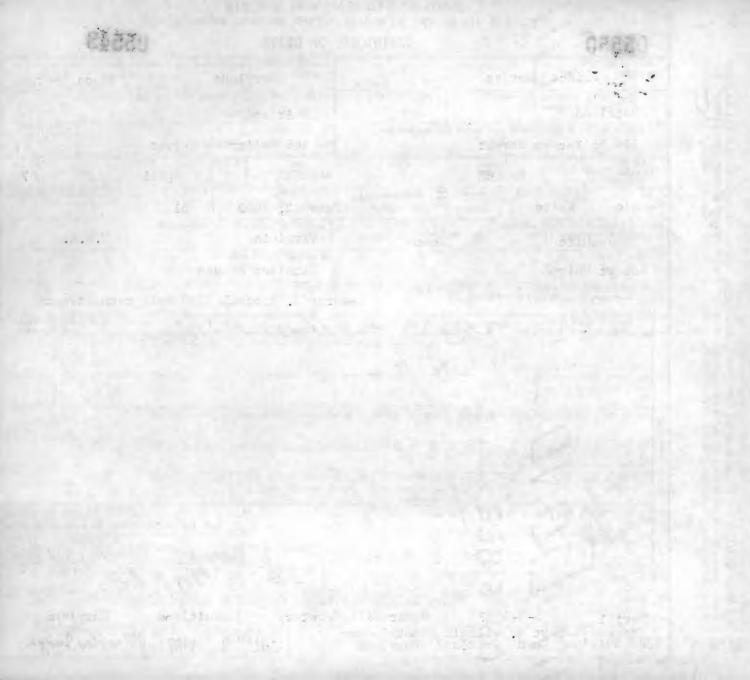
REMOVAL (Specify)

24. FUNERAL DIRECTOR Robert E.

4308 Suitland Road

5-3-1967

Suitland Maryland



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours ofter death 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate firmits. c LENGTH OF STAY IN 15 c. CITY OR TOWN write RURAL and give nearest tawn) ORESTVILLE daNAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM NAME OF Middle DATE Year e tek DECEASED OF INA 19 67 (Type or pnnt) 7/CR DEATH 6. COLOR OR RACE 9 AGE (In year IF UNDER I YEAR IF LINDER 24 HRS 7 MARRIED NEVER MARRIED birthdoy and in any WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) ease during most of working life, even if retired) INDUSTRY ALIC JEHROL) 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal. KNOWN 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (Yes, no or unknown) (If yes give wor of dates of service permit 16 CCLONY RO burial, cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-tronsit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO Poge 4 may be retained by the hospital or ottending stating the underlying couse has been be detached for use os the State Dept. of Health prior to 19. WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO certificote 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18) 2Do ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 2Dc TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED (City or fown) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) at work ot work 1967that (t) (we) lust 21 I certify that (4) (this haspital) attended the deceased fram. 19<u>67</u>, ta. 19 67, and that death accurred at 902M, fram causes and on the date stated above saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED M.D director, page should be filed 22d. ADDRESS 22c PHYSICIAN'S O HOSPITAL FUNERAL NAME (Type 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION DATE THEREOF 23d. LOCATION (City or Town) REMOVAL (Specify) 2 FUNERAL DIRECTOR VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE USUAL RESIDENCE (Where deceosed led, finishitation Residence before admission) o COUNTY o STATE b COUNTY 2, and 3 to PM3. Pmgm Prince George's MARYLAND Maryland Prince George's State Department b CITY OR TOWN of outside corporate mits, write RURAL and give nearest tawn) C ENGTH OF STAY IN IN c CITY OR TOWN (If outside corporate in its write RURAL and give nearest town) Cheverly DOA Fairmont Heights d NAME OF HOSPITAL OR INSTITUTION (If not in haspitat, give street address) A STREET ADDRESS e IS RES DENCE "pending" in pencil in Item 18. Give Pages 1, inf Medical Examiner's Office along with farm ON A FARM? Prince George General Hospital 6101 Kolb Street YES NO-K 3. NAME OF M.ddle Lost 4 DATE Month Year DECEASED (Type or print) Samuel Thomas Bailev DEATH 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 24 HR 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs DIVORCED male negro within 72 haurs after dea 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY CHACKINA bonen This certificate shalled be executed within 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAM Unknown 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor, or dates of service None 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH be farwarded to the Chief PART I DEATH WAS CAUSED BY in any event IMMEDIATE CAUSE (6) Heart failure writing the ward DUE TO Arteriosclerotic heart disease over 4 yrs. Conditions, if any, which gove rise ta immediate couse (a), DUE TO stoting the underlying couse lost. 19 WAS AUTOPSY PERFORMED? removal, PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ITOL 5. NO X 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW N.URY OCCURRED (Enter nature of injury in Port I or Part II of Item 181 3 should shauld crematian, or PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. SAL 20c TIME OF INJURY Month Day, Year 204 NIURY OCCURRED 20e PLACE OF INJURY (Home farm 20f (City or tawn) (County) foctory, street, office bldg . etc \ Not While 21 I certify that I took charge of the remains described above, held on Autopsy , Inspection 🛣 Inquiry x, ond in my opinion Notural Couses X deoth resulted from: Accident Undetermined monner Suicide Homicide funeral directar CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED prior ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER [X NAME (Type) John Kehoe. Riverdale, Md. Address Street city town, or county) 23a CURIAN CREMATION, RECD BY REG STRAR VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH



Ttems 1 Film 4591	MARYLAND STATE DEP. VITAL RECORDS, 301 W. PRESTO		AND 21201
05553	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	05559
PLACE OF DEATH O. COUNTY Prince George's	MARYLAND	o STATE Maryland	b. COUNTY Prince George's
b (ITY OR TOWN (1 outside corporate mits write RURAL and give neorest town) Cheverly	c ,ENGTH OF STAY IN 16 DOA	Mt. Rainier	, 44
d NAME OF HOSPITA. OR INSTITUTION (If not a Prince George's Gen		d STREET ADDRESS 3151 Queens Ch	abel Road YES NO X
3 NAME OF First DECEASED	Middle Elizabeth	Lost 4 DATE OF	Month Doy Year 4 21 9 67
		B DATE OF BIRTH 9 A	GE (n years IF UNDER 1 YEAR IF UNDER 24 HRS ast birthdoy) Months Doys Hours Min
100 CSUAL OCCUPATION (G ve kind of work done dwing most of warking life, even if ret red) THOUSEWILE	10b KIND OF BUSINESS OR OWN Home	11 BIRTHPLACE (Stote or foreign count Virginia	
13 FATHER'S NAME Thomas Mercia		14. MOTHER'S MAIDEN NAME Florence	
1S WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes g.ve war or dotes of s	(61,400	informant aymond H. Barnes	Same as #2 (husband)
1B CAUSE OF DEATH (Enter only one couse PART I DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o)	Dulasana odeme		INTERVAL BETWEEN ONSET AND DEATH
970 2. DUE TO Conditions, if ony, which gove rise to immediate cause (a),	Acute barbitumate	e intoxication	
stoting the underlying couse (c)			
PART I OTHER SIGN F (ANT COND TIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL D SEASE CONDITION GIVEN I	N PART 1(0) 19 WAS AUTOPSY PERFORMED? YES (X) NO
200. EYTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING CAUSE OF DEATH		(Enter noture of injury in Port I or Port II Se of barbiturate:	
200 FYTERNAL CAUSE WAS PRIMARY DE OF CONTRIBUTING CAUSE OF DEATH 200 TIME OF INJURY Month, Day, Yeor HOF INJURY Month, Day, Yeor A 700 pm 19 6	20d INJURY OCCURRED 20e PLA	CE OF NJURY (Home, form, 20f (C	ity or town) (County) (Stote) Rainier Pr. 300 Mi.
	of the remains described above, he causes,Agrident,Suid		X, Inquiry X, and in my apinian
SIGNATURE OF THE	Kehry	CHIEF MEDICAL EXAMINER M.D ASSISTANT MEDICAL EXAMINER DEPUTY MED CAL EXAM NER	22. DATE SIGNED
NAME (Type) John Kehoe M.	D., Riverdale, Mary	land Address (Street city, town, or	county)
230 BUR AL CREMA" ON 23b DATE THERE 4/24/6	OF 23c NAME OF CEMETERY OR	CREMATORY 23d. LOCAT	TION (Cty or Town) (County) (Stote) ar Manor P.G. Md.

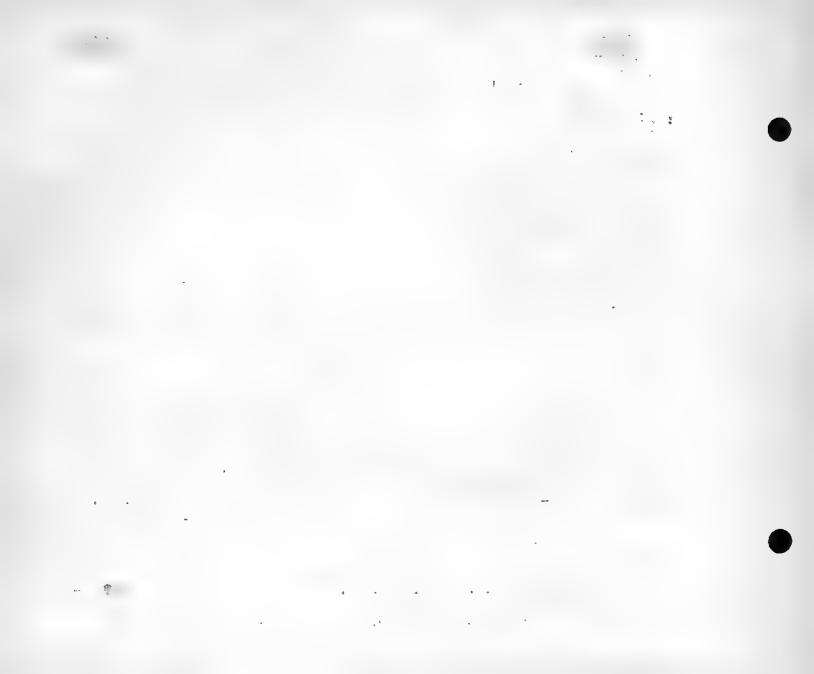


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05554 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH USUAL RESIDENCE (Where deceosed . ved, f nst.tul.or Prince Goorge's b COUNTY 2, and 3 to PM3. Page 3 10 delay is Prince George's MARYLAND b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (1) outside corporate Limits, write RuRAL and give negrest town). CLENGTH OF STAY N 1b. puo write RURAL and give nearest town) days 4703 41st Street a bunal-tronsit permit. File pages I and 2 with the State Depart Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, qive street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS the certificate, writing the ward pending in pencl in Item 18. Gree Pages 1, 4 should be forwarded to the Chief Medical Exominer's Office along swith form Prince George's General Hospital Hvattsville YES NO X This certificate shauld be executed within 24 hours after death 3 NAME OF First Lost 4 DATE Month Year DECEASED Konnoth (Type or print) Barnes DEATH 1967 S SEX 7 MARRIED Y IF ... NDER 1 YEAR IF .. NDFR 24 HRS 6 COLOR OR RACE B DATE OF BRIM 9 AGE (In years NEVER MARRIED lost birthdov) Months Dovs Hours event within 72 hours ofter death male Negro WIDOWED DIVORCED 7 - 11 - 12100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUS NESS OR 11 B RTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT during most of working fe, even if retired)

TRASH COLLECTOR USUNTRY? INDUSTRY VIRGINIA 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME LOUISE HOWARD BARNES IS WAS DECEASED EVER IN U.S. ARMED FORCES? 6 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 4703 41st St. MRS. LOUISE BARNES :UNKNOWN HYATTOVILLE SINTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse per tine for (ο), (b), and (ε)) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute subdural hematoma, right frontal lobe. DUE TO and in ony Conditions if any, which gove Laceration of right frontal lobe. rise to immediate cause (a). DUE TO stoting the underlying couse Skull fracture, right posterior fossa. PART I OTHER SIGN F CANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ITO WAS AUTOPSY or removol, PERFORMED? YES X NO 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW NURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of item 18) MEDICAL EXAMINERS fell and struck head on stone floor CAUSE OF DEATH cremation, MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e P. ACE OF INJURY (Home form 20f (City or town) Not While It 710 41st Place Hyattsville P.G. Md. may be retained for your FUNERAL DIRECTOR: Page 6:00pm n 4-261967 Page of work L 2) I certify that I taak charge of the remains described above, held an Autopsy [X], Inspection [X], Inquiry [X]. and in my opn an funeral directar. Natura, cooses Acadent X Suicide [Undetermined manner death resulted fram: Hamicide CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE L-30-67 DEPUTY MEDICAL EXAMINER (X) Health 1 NAME Type) John ehoc M.D., Rivordale, Md. Address (Street city town, or county) 230 BURIA CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or "own) (County) 50 REMOVAL (Spec (V) Prince George's County Harmony Memorial Park 5-3-67 24 FUNERAL D RECTOR REG STRAR VR A 15ME (5) 3015 - 12th St., N.E. John T. Rhines 6M 1/67

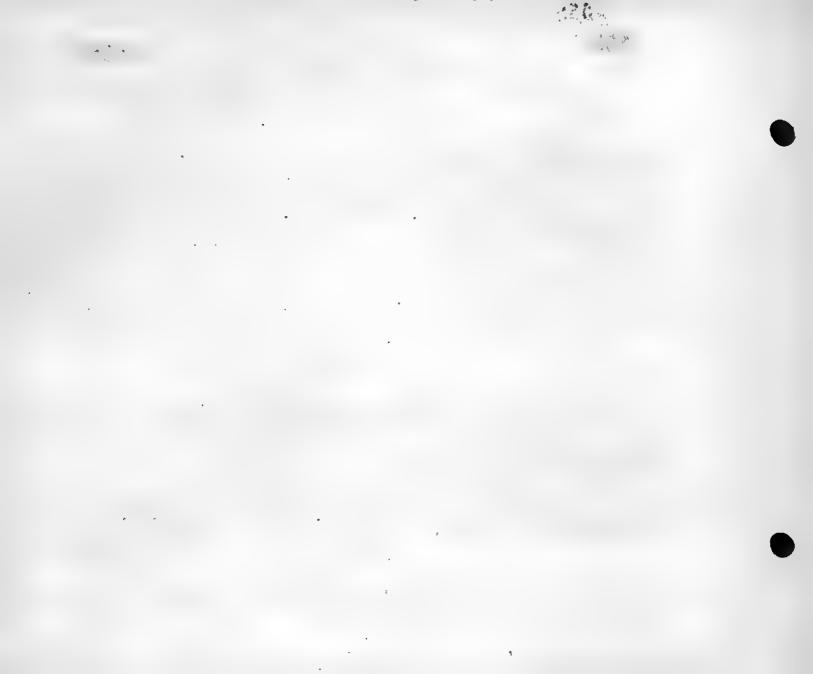


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05555 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05554 DERIN PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY P.M.3 Page Prince George's Prince George's MARYI AND Maryland e Deportment b (TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1h c C.TY OR TOWN (f autside corporate imits, write RuRAL and a ve nearest town) 2 days Bladensburg Bladensburg d NAME OF HOSPITAL OR MSTITUT ON (If not in hospital, give street address) d STREET ADDRESS e S RESIDENCE ON A FARM? the Chief Medical Examiner's Office along with form 00 Item 18. Give Pages 5215 Newton Street YES NO Y Bladensburg Mote the S haurs ofter deoth NAME OF Midd e 4 DATE Lost rear DECEASED OF Dorothy Gail (Type or print) Baur DEATH 67 SEX 9 AGE tin years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE B DATE OF BIRTH 7 MARRIED NEVER MARRIED lost b rthdov) Months Days Haurs any event within 72 hours after deoth DIVORCED WIDOWED White 12-29-1945 Female pages lond 2 11. BIRTHPLACE (State or foreign country) IDo USUAL OCCUPATION (Give kind of work done .Db KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 24 U.S _ CLERK PENN'A. MONTGEMERY WARD This certificate should be executed within 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME penci RUSSELL AUDREV TAMBLIN .⊑ 17 INFORMANT 15. WAS DECEASED EVER N ... S. ARMED FORCES? 16 SOCIAL SECURITY NO. JOAN LAHE (Yes, no, grunknown) (I fives give war or dates of service pending" GERALID TEMPLE HILLS Mb. BNKHOWN $N_{-}0$ 18. CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c)) NTERVAL BETWEEN burial-tronsit PART I DEATH WAS CAUSED BY ONSET AND DEATH .MMEDIATE CAUSE (0) Barbiturate intoxication writing the word DUE TO Conditions, if ony, which gove (b) should be farworded to rise to immediate couse (o). 5 DUE TO stoting the underlying cause puo losi гетоуог, 19. WAS AUTOPSY PERFORMED? PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) the certificate, NO TE 2Do EXTERNAL CAUSE WAS PRIMARY €) or CONTRIBUTING □ 2Db DESCRIBE HOW N.URY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 3 should Ъ CAUSE OF DEATH Took overdose of barbiturates. WEDICAL 2Dd iNJURY OCCURRED 2De PLACE OF NJURY (Home, form 2Dc. T.ME OF INJURY Month, Doy, Year (City or fown) (f.c.mtv) Hour n.m. foctory, street, office bldg. etc) Not While FUNERAL DIRECTOR: Page al work Bladensburg Motel otwork ... Bladensburg, Md. 2). I certify that I took charge of the remains described above, held on Autapsy Inspection x. Inquiry and in my opinion deoth resulted fram Natural causes Accident Suicide X Undetermined manner the funeral director Hamicide be retoined CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE 22. DATE SIGNED ASS STANT MEDICAL EXAM NER Heath prar DEPUTY MEDICAL EXAMINER K **EXAMINER'S** NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 230 BURIAL CREMATION NAME OF CEMETERY OR CREMATORY (State) 0 MT. VERNON. REC D BY REG STRAR 25b REG STRAR S SIGNATURE VR A15ME (5) 6M 1/67

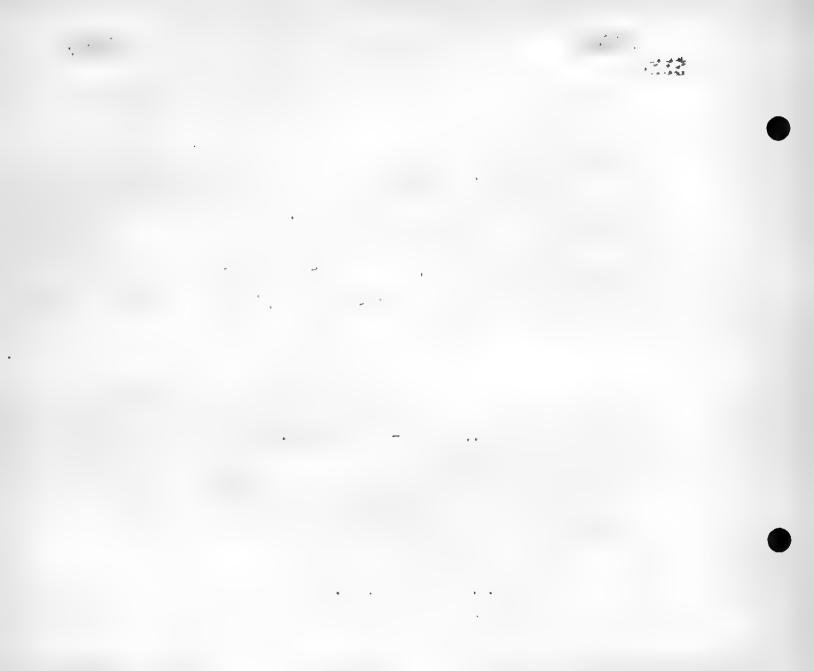


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05556 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) completely filled in by the funeral are carban papers. Pages 1 and PLACE OF DEATH b. COUNTY o. COUNTY MARYLAND Prince Georges remave carban papers. Pages 1 Mary land Prince Georges b. CITY OR TOWN (if autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b c. CITY OR TOWN (If guitside carparate limits, write RURAL and give nearest tawn) Mt. Rainier 50 days Cheverly IS RESIDENCE ON A FARM? d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES NO K 3717 35th St Prince Georges General Hospital 4. DATE 3. NAME OF Middle Last Manth Year DECEASED 18 167 P. Beacraft April (Type or print) Vera DEATH IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost b rthdoy) Months Hours Bep. DIVORCED 24 Aug. 1930 White FEmale. 11 BIRTHPLACE (County & State, or foreign country) 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 12 CITIZEN DE WHAT during most of working life even if retired) Restaurant Washington D. C. 14. MOTHER S MAIDEN NAME 13 FATHER'S NAME remayal. John Clendening Vera P Harrison 9445 Aderlington Bl'vd. IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) g 578 38 4431 Sandra L. Bennett Fairfax, Va. burial crematian. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY signed by t IMMEDIATE CAUSE (o) by the haspital or attending physician. DUE TO Conditions, if any, which gove rise ta 'm mediate cause (a), **DUE TO** stating the underlying cause as the l TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use Health NO T 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, affice bldg., etc.) While Nat While at wark at work 21. 1 certify that (this haspital) attended the deceased from Feb. 27 ____, 19<u>67</u> , to <u>April 18</u> , 19<u>67</u> , that the (we) lost 3 shauld sow the deceased olive on April 18, 1967, and that death occurred at 2, 45 AM from couses and on the date stated obove. 22b. DATE SIGNED 22a. SIGNATURI ATTENDING M.D. DIRECTOR PHYS director, page 3 shauld be filed v PHYS 22d. ADDRESS 22c. PHYSICIAN'S Prince Georges general Hospital NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23b DATE THEREOF (County) 230 BURIAL, CREMATION Bur MP (Specify) 4/20/67 P.G. Md. Ft. Lincoln Colmar Manor, ADDRESS 25o. REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR Misseles Judge Francis Gasch's Sons Hyattsville, Md.

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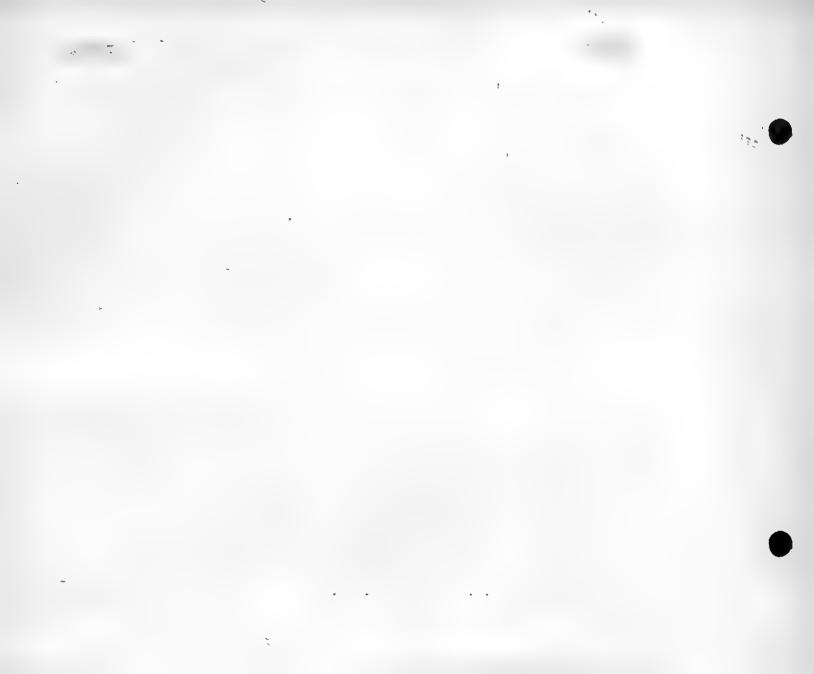


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05557 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before odmission) o COUNTY o STATE b (OUNTY P.M.3. Page 2 State Department of MARYLAND Maryland Prince George's Prince George's b CITY OR TOWN (If outside corporate l'mits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c C IY OR TOWN (If outside corporate ..m.ts, write RURAL and give nearest town) Hillside DOA Cheverly e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR ASTITUTION (It not in haspital, give street address) d STREET ADDRESS ecute the certificate, writing the ward "pending" in pencl in Item 18. Give-Pages 1, Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form YES NO NO 5286 Marlboro Pike Prince George General Hospital hours after death 3 NAME OF Middle 4 DATE Lost Month DECEASED 0F DEATH (Type or print) Benjamin Bean Bernard AGE (In years 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH NEVER MARR ED last birthdoy) Months Davs permit. File pages 1 and 2 wi any event with n 72 hours after death. W DOWED D VORCED White Nov. 1900 66 100 US_AL OCCUPATION (G ve kind of work done during host of working life, even if retired) KIND OF BUSINESS OR 11, BIRTHPLACE (State or foreign country) 2 CIT ZEN OF WHAT INDUSTRY CONTING be executed within 24 13-FATHER S NAME & MOTHER'S MAIDEN NAM CHARDSO WAS DECEASED PAR IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes, give wor or dates of service) INTERVAL BETWEEN TE CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE (AJSE (6) Heart failure execute the certificate, writing the ward This certificate shauld Arteriosclerotic heart disease over yrs. Conditions, if ony, which gave 1 rise to immediate couse (a), .≘ DUE TO stoting the underlying couse gud be used 19 WAS AUTOPSY PERFORMED? cremation, ar removal, PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(o) NO Diabetes - over 1 Gout - over 3 years. 2Do EXTERNAL CAUSE WAS PRIMARY ☐ or CONTR BUTING ☐ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of tem 18 3 shauld CAUSE OF DEATH 20f (City or town) (county) 20c TME OF NJURY Month Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form foctory, street office bldg etc.) Hour om While Not While FUNERAL DIRECTOR: Page of work ot work 2) I certify that I took charge of the remo as described above, held on Autopsy Inspection x Inquiry 😿 , and in my opinion death resulted from: A Notural couses Undetermined monner Suicide Hom cide the funeral director be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER [X **EXAMINER'S** may NAME Type) John Kehog, Address (Street city, town, or county) Riverdale, Md. 4-10-67 0 RECD BY REGISTRAR VR A15ME (5) 6M 1/67





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #7 Film #4307 L.12/57 pg MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved, if institution a (OUNTY o STATE b COUNTY Page 0 d, Prince George's MARYLAND Maryland Prince George's 30 the State-Department b (ITY OR TOWN (f autside carparate film ts write RURAL and give nearest tawn) c (ATY OR TOWN (floutside carparate in its write RURAL and give nearest town) c TENGTH OF STAY IN Th and PM3. oe Deanwood Park DOA Cheverly d NAME OF HOSPITA, OR INSTITUTION (If not in haspital give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Office along with farm NO DE in Item 18. Give Pages Prince George General Hospital 1325 Eastern Avenue NAME OF 4 DATE Month Lost Year DECEASED (Type or print) Luella Belford DEATH pages 1 and 2 w.th SEX B DATE OF BIRTH AGE (n years 6 COLOR OR RACE 7 MARR FD NEVER MARRIED last birthday) Manths Haurs nown W DOWED UEK 72 haurs after death. White Female 56 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working the, even if retired) INDUSTRY Virginia the Chief Med cal Examiner's pencil 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within Alvernie Whitlock Marion Belford F .⊑ 1S WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give war ar dates of service)] 16 SOCIAL SECURITY NO 17. INFORMANT Address perm t. Mamie Sargent, Bunker Hill. W. any event within INTERVAL BETWEEN ONSET AND DEATH Minutes 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BYIMMEDIATE (AUSE (a) Heart failure burial-transit please execute the certificate, writing the ward a rector. Page 4 should be farwarded to the Ch This certificate shauld DUE TO Arteriosclerotic heart disease unknown Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse D 20 last. 19 WAS AUTOPSY PERFORMED? ar remayal, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a). CERTIFICATION NO X 20a EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of nury in Part Lor Port Lof tem 18) 3 shauld CAUSE OF DEATH crematian, MEDICAL 20e PLACE OF NJURY (Home, farm 20f 20c. T.ME OF INJURY Manth, Doy, Year Haur o.m. 20d INJURY OCCURRED (County) (State) Not While factory, street, office bldg., etc) YOUL DIRECTOR: Page at work at work Inspection [X], Inquiry [X], 21 I certify that I took charge of the remains described above, held an Autopsy and in my opinian deoth resulted from: Notwal Louses X Undetermined monner Accident Suicide Hom cide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER priar SIGNATURE FUNERAL funera DEPUTY MED CAL EXAM NER K 4-1-67 **EXAMINER'S** may Health NAME (Type) John Kehoe, M.D. Address (Street, city, town, or county) Riverdale, Md. 23t NAME OF CEMETERY OF CREMATORY Fairview Cemetery 116 23b DATE THEREOI Gore, Frederick, 0 4-9-67 BRIPT (STORY) 250 RECD BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOS ADDRESS VR A15ME (5) Hagerstowm, 6M 1/67



VR A15ME (5)

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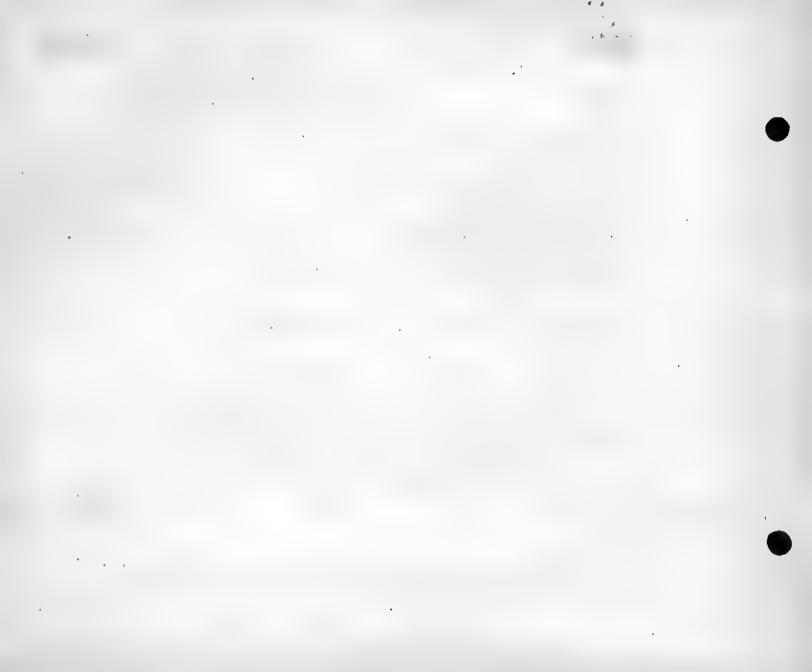
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MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH death. PLACE OF GEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY hours after the CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town á .= d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? filled d. STREET ADDRESS event, within 72 YES NO n and completely f remove carbon pa executed within NAME OF Day Middle Month **OECEASEO** OF DEATH (Type or print) 19 SEX 6. COLOR OR RACE AGE (in years | IF UNDER 1 YEAR | Jast pirthday) | Months | Days DATE OF BIRTH in any Hours WIDOWED 10b. KINO OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done) physician in please r (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be during most of working life, even if retired) COUNTBY? and FATHER'S NAME removal, MOTHER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) [(If yes give war or dates of service) Address INFORMAN TO FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or in the state of the state o (Yes. no, or unkown) death SAME 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. **OUE TO** Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT NO D YES . 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTH MEDICAL EXAMPLE) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20e. PLACE OF INJURY (Home, farm, factor), street office bidg., etc.) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (Cily or Winn (County) (State) Hour be retained by OR ATTENDIN 21. I certify that (I) (this hospital) attended the deceased from PRIN 719 6 2 and that death occurred at 8 saw the deceased alive on. Mr. from the causes and on the date stated above. DATE SIGNED 22a. SIGNATURE 22b. ATTENDING PHYS. STAFF PHYS. DIRECTOR Page 4 may t M.D. PHYSICIAN'S NAME (Type) 22d. **ADDRESS** 22c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. 23d. REMOVAL (Specify) Suitland. Cedar Hill Cemotery 12-1967 Md. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 1661-Good Hope Rd., SE Bros. Wesh DC 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 200 a. COUNTY PRINCE a. STATE b. COUNTY GEORGE"S after D.C. MARYLANO s. Pages hours afte CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 24 hours 26 Days = ANDRE WS

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) BOLLING AIR FORCE BASE Wed in d. STREET ADDRESS a. IS RESIDENCE ON A FARM? USAF HOSPITAL ANDREWS YES NO X OTRS 65 within completed carbon 3. NAME OF First Middle Last 4. DATE Month Oav Year remove carby DECEASED (Type or print) PERCY P DEATH BISHOP APRI 1967 5. SEX 6. COLOR OR RACE OATE OF BIRTH AGE (in years | IF UNOER 1 YEAR) IF UNDER 24 HRS. 7. MARRIEO NEVER MARRIED last birthday) | Months | Oays in any (Hours CAU ${ t MALE}$ MAY 1877 WIDOWED [OIVORCEO [Yrs. 10a. USUAL OCCUPATION (Give kind of work done) physician in please r 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) death certificate be INDUSTRY U.S. ARMY U.S.A. OFFICER TENNESSEE (CONTY) UNK removai, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph JOHN McELROY BISHOP MARGARET WOOD 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ed by the attenctransit permit. 16. SOCIAL SECURITYNO. INFORMANT 17. Address (Yes, no, or unknwn) (If yes give war or dates of service) GEN DONNELLY Son in law, same as YES RET 1941 004-46-08=44 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the the burial-transit or to burial, cremat law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a). ACUTE MYOCARDIAL INFARCT OUF TO 3 Weeks Conditions, if any, which PNEUMONTA gave rise to immediate DUE TO CHRONIC DIABILITATION cause (a), stating the prior underlying cause last. 38 (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health I PERFORMED? certificate NO X YES this ce. PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) be de State Ноиг а.т. After Id be d While Not While p.m. at work at work 19 67 to 8 21. I certify that (IX (this hospital) attended the deceased from 13MAR APR 19. 6 7, that (I) (we) last DIRECTOR: age 3 should led with the and that death occurred at 1145, from the causes and on the date stated above. saw the deceased alive on 8 19 67 22a. SIGNATURE 22b. DATE SIGNED be a be filed ATTENDING MEO. M.O. DIRECTOR PHYS. director, pay HOSPITAL 33] PHYSICIAN'S 22d. ADDRESS 22c. WASH NAME (Type) ALTMAN, CAPT, USAF, MC ANDREWS, ANDREWS USAF HOSPITAL 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23c. (State) FUNERAL DIRECTOR REGISTRAR'S SIGNATURE REC'O BY REGISTRAR 25b. VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05563 requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY Prince Georges MARYLAND b CITY OR TOWN (If outside carparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenn Dale (rural) Washington, D. C. 1 mo. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? remove carban pape Glenn Dale Hospital 1435 Shepherd St., N.W. NO XX NAME OF Middle First Lost 4. DATE Month Doy Year campletely **DECEASED** 12 Cora Blalock. 1967 L. (Type or print) DEATH IF UNDER 1 YEAR 9 AGE (In years IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** 88 purthday Months Days Hours WIDOWED T DIVORCED 12/12/1878 and in any Female Negro 100 USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? attending physician sermit. Then please retired unknown Miss. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, crematian, ar removal Albert Gardner Sarah Gardner 15 WAS DECEASED EVER IN ... S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service) 428-03-4345 Decedent No 18. CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Pulmonary tuberculosis month **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physician. signed by **DUE TO** Conditions, if only, which gove (b) use to immediate couse (o), DUE TO as the prior tal stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(o)

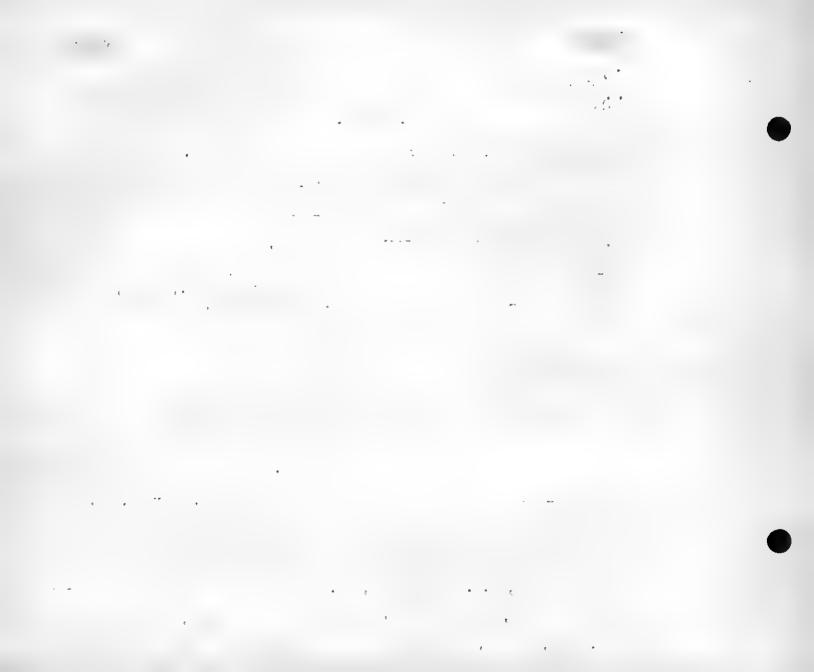
Diabetes mellitus; generalized arteriosclerosis; old cerebrovascular
accident. Spi 19 WAS AUTOPS PERFORMED? NO X ficate 2Do ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18) be detached for State Dept. af H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 2Df. (City or fown) (County) (State) 2Dt. TIME OF INJURY Month, Day, Year Not While Hour 'o.m. foctory, street, office bldg., etc.) ot work ot work **DIRECTOR:** After 3/10/1967 to 4/12/_, 1967, that \$0 (we) last 21. I certify that the (this hospital) ottended the deceased from directar, page 3 shauld shauld be filed with the 4/12/ saw the deceased alive on 19 67, and that death accurred at7:30PM, from causes and on the date stated above 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS 4/12/67 M.D. DIRECTOR 22d ADDRESS PHYS CIAN'S Moe Weiss, M. D. Glenn Dale Hospital FUNERAL NAME (Type) Glann Dale, Md 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Speafy) SUITDAND 2 2Sb REGISTRAR ADDRESS 250, REC'D BY REGISTRAR VR A15 (4)

. . . ž

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05564 requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) county b. COUNTY Montgomeru Prince Georges MARYLAND b CITY OR TOWN (I autside corparate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) unte RURA. and give nearest town) DOA Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 309 Lexington Drive Prince Georges General Hospital NO K YES T 3. NAME OF Middte Lost 4 DATE Month Day Year DECEASED (Type or print) ames Rlanche DEATH Anzi 9. AGE (.n years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH birthday) Manths Days Haurs May 27, 1907 DIVORCED | WIDOWED ond in any 10g JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY Tuller Co. physician o dupma most of working life, even if retired) COUNTRY? Scotland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, or removal, offending physpermit. Then I Thomas Blanche Elizabeth Neilson 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 309 Lexinaton Drive (es, na or unknown) (If yes give wor or dates of service) 2/4-03-8576 Helen Blanche 18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).) signed by the burial-tronsit burial, cremati PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) DUE TO Canditions, if only, which gave rise to immediate cause (o), DUE TO stating the underlying cause FUNERAL DIRECTOR: After this certificate has been prior to last. 19 WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health YES NO 0 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port | or Part || of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH af detoched (IP EITHER, NOTIFY MEDICAL EXAMPLE) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home_farm, (City or town) (County) (State) TIME OF INJURY Manth, Day, Year Hour o.m. No: While factory, street, office bldg., etc.) Stote [21. I certify that (1) (this hospital) attended the deceased fram , and that death occurred fram causes and an the date stated abave saw the decoased alive on 226 SIGNATURE MED. DIRECTÓR filed director, poge should be filed 22d. ADDRESS PHYSU AN'S NAMPOREVAL 030 Carrell 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) May 2. 1967 Fort Lincoln Cemetery Prince Georges Co 250 REC'D BY REGISTRAR 1434 Georgia Avenue er prom. Ma



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 35566 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, function Residence before admission) a. COUNTY a. STATE b. COUNTY State Department of Prince George 1 s
b CITY OR TOWN (If autside carparate limits,
write RURAL and give nearest tawn) Maryland Prince George's MARYLAND c LENGTH OF STAY IN 15 c CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest town) Cheverly lhr. 13 min. Laurel d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, " I director, Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm NO DO 939 Parkhill Ave. Prince George General Hospital This certificate should be executed within 24 haurs after death 3 NAME OF 4 DATE Midd e Last Month DECEASED (Type or print) Blankenship Francis Robert DEATH S SEX 9. AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Manths WIDOWED DIVORCED 12-12-1943 White Male event within 72 hours ofter de 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT Alam. Siding installer Home Improvement COUNTRY? Laurel. Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME FRANCIS BLANKENSHIP LAURA C. RIDER 17 INFORMATI Washington St., Savage, Maryland IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, na. or unknown) (I yes give war ar dates at service) 219-40-1681 Mrs. Linda McClure, - Sister 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE (AUSE (a) Gun shot wound of abdomen DHE TO Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse 19 WAS AUTOPSY PERFORMED? ar removol, PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) YES TO NO 20g EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port II af item 18) 3 should CAUSE OF DEATH Shot during altercation. 20f (City or town) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame form, 20c TIME OF NURY Month, Day, Year factory, street office blag etc)
330 Prince George St., Laurel, Md. 4-30- 19 67 White Datwork of work Se 21 I certify that a took charge of the remains described above, held an Autopsy (32). Inspect on (32), Inquiry (32). and in my apinion FUNERAL DIRECTOR: funeral director. Accident . Hamicide D. Undetermined manner death resulted fram Suicide . Matural causes may be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER 5 may ii O FUNE NAME Type) John Kehoe, M.D. Riverdale, Md. Address (Street city town, or county) 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City ar Tawn) Ivy Hill Cemetery Laurel, Maryland ADDRESS 25b. REGISTRAR SIGNATURE 250 REC D BY REGISTRAR 24 FUNERAL DIRECTOR VR A 15ME (5) Harold S. Wade, Laurel, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF BEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY GEORGES a. STATE ADONTH CAMPLINA COUNTY RERTIE CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ABISTON filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? DRIVE NAME OF Middle DATE Month DECEASEO OF DEATH (Type or print) 6. COLOR OR RACE AGE (In years | IF UNOER 1 YEAR **NEVER MARRIEO** last birthday) Months and WIDDWED 4 DIVDRCED [10a. USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRT HPLACE (County & State, or foreign country) physician during most of working life, even If retired) NO 2TH CANCLAM MOUSE WIFE certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMFOFORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT MARGAAddress (Yes, no, or unknwn) 1((fives give war or dates of service) 18. CAUSE OF DEATH { Enter only one cause per line for (a), (b), and (c).] ONSET AND CEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO CONGESTIVE HEART FAILURE Conditions. If any, which gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(8) WAS AUTOPSY PERFORMEO? CHRONIC NO F YES 208. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED (State) 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: and that death occurred at 624M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED HOSPITAL TO FUNERAL PHYSICIAN'S AOORESS director, p NAME (Type) BURIAL, CREMAT.ON, OATE THEREOF NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 25a. REC'D BY REGISTRAR INT PL NG VR A15 (4) 20M 1/65

5" 100 **7**...

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

05568

CERTIFICATE OF DEATH

05567

		ยองกุฎ	CENTH	ICAIL	OI DEATH			OD	001	
1		LACE OF DEATH			2. USUAL RESIDENCE		d lived, if institut	on Residence	before admi	ssion)
	0	COUNTY Prince Georg	ges MAD	YLAND	o. Simerylar	ıd	ь соц	rince	Georg	es
-	Ь	. CITY OR TOWN (If outside corporate	limits. LENGTH OF STAY		C CITY OR TOWN (If a		e limits, write RUI	At and give	necrest town)
		write RURAL and give negrest town	10 day	vs	Mt. Rai				1. 1	
F	d		(If not in haspital, give street address)	,	d STREET ADDRESS				e 15 Ri	SIDENCE
14		rince Georges Ger			3708 3	5th St	reet		YES F	FARM?
-	_	IAME OF	First Middle		Lost	4. DATE	Mont	h	Day	Year
	0	PCF A CFO	enrietta E		Bond	OF DEATH		ril		9 67
S	5 5	45		D [24] 6	DATE OF BIRTH		AGE (In years	IF UNDER 1	YEAR IF UN	DER 24 HRS
I	Fe	male White	WIDOWED DIVORCE		16 Oct., 1	897	lost birthdoy) 75 vrs	Months	Days Hou	rs Min.
Ti-	Oa.	USUAL OCCUPATION (Give kind of work)	one 10b, KIND OF BUSINESS OR		11 BIRTHPLACE (County			12 CITI	ZEN OF WHAT	
d	idrie	ig mest of working life, even if retired)	es Drug Store		Baltim	ore. I	Marylan	d	NTRY? S.	Α.
	13	FATHER'S NAME	- 1		14. MOTHER'S MAIDEN	NAME				
	C	liver L. Bond			Minnie	Lerp				
		WAS DECEASED EVER IN U.S. ARMED FOR		17. 1	NFORMANT		Addre	\$5	_	
- 1	(Yes	, no, or unknown) (If yes give wor or do	ales of service)	M	ss Ruth	Olive	Bond s	ame s	s ah	ntre
	Т	18. CAUSE OF DEATH (Enter only on	e couse per line for (a)/(y), and (c).)/	7		<u> </u>	20000	naiv	INTERVAL	BETWEEN
		PART I, DEATH WAS CAUSED BY: IMMEDIATE C	AUSE (a) Hepatic	7.cu	lure				ONSET AN	D DEATH
	Н	5810	DUE TO 10 10	000	1 5/	Live	. ,			
	1	Conditions, if ony, which gove nise to immediate cause (a),	(b)	VIO .	of The	Jul	1			
		stoting the underlying cause	DUE TO		0					
		lost)	(c)						1	
1 8	5	PART H OTHER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO T	HE FERMINAL DISEASE CO	NDITION GIVEN	I IN PART 1(o)		19 WAS A PERFO	LTOPSY RMED? _
8	<u> </u>								YES 🔀	MO [
CEDITECATION		20o. ACCIDENT WAS JINDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	20b DESCRIBE HOW INJURY O	OCCURRED (Enter nature of injury in	Port 1 or Port	Hatifem (8)			
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	OAL My DV OCCUPATO	00 0140	T of millipy /ll (201	// h h	15	4.)	154-4-3
I S	MEDICAL	20c. TIME OF INJURY Month, Day, Ye Hour o.m.	While - Not While -		E OF INJURY (Home, for ory, street, affice bldg., etc		(City or town)	(€our	нүј	(State)
ĺ	٦,	p.m.	19 of work of work	,		10.05		(1063	B .1 . (1)	7 1 1
	-	21. I certify that (I) (XXXX	etaspitat) attended the deceased P_April 26 1867	fram_A	death essured at	1467 , to	April 2	b , 19 b	Z, that [1]	(362K) (
	ŀ	220—SIGNATURE	April 20 10.7	ung mas	death occurred o	2 \$13 tim	Halli (auses		E SIGNED	ed and
	-	Benjamen S	millin	M.D	ATTENDING . PHYS	MED. DIRECTOR	STAFF PHYS		7-6	7
		22c PHYSICIAN S	77700.00		PHYS 22d ADDRESS 382 4 - 34	DIRECTOR	11173	1 . =		×
		NAME(Type) Benjami	in S. Miller, M. D.		3824 - 34	th St.	Mr. Ra	inier	Mary	land
2	230.		TE THEREOF 234 NAME OF CEN	METERY OR (ATION (City or To		County)	(Stote)
		REMOVAL (Specify) Burial May	1. 1967 Ft. Li	nco	En Cemete	ny Int	nce Ge	orgas	Co-	Md.
1	24	ELINEBAT DIRECTOR	- 10 Z91845	SL	250 REC	D'BY REGISTR	AR 2Sb RE	gistrar's sig	SNATURE	
1	V	Med XI. NI	1 (2 (1) 1	1/1/	C DATMA	Y 1	1967	Mary	ay Jacob	1/12



DIVICION OF CTATICTICAL DECEADOR AND DECOODS AND REPETON CTOFFE DALTIMONI	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
05569 CERTIFICATE OF DEATH	neero					
1. PLACE OF DEATH a. COUNTY a. STATE A COUNTY b. COUNTY	241					
b. CITY DR TOWN (if outside corporate limits. I. c. LENGTH OF STAY IN 1b. C. CITY OR TOWN (if outside corporate limits, write	RURAL and give nearest town)					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 3704 - 40 4 PLACE 3704 - 40 4 PLACE	e. IS RESIDENCE DN A FARM? YES NO X					
3. NAME OF DECEASED (Type or print) 4. DATE Month OF APRIL	Day Year 10 19 6 7					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AC D years IF 18 DIVORCED Oct 14 1876 9. AC D years IF 18 DIVORCED Oct 14 18 D	UNDER 1 YEAR FUNDER 24 HRS. onths Days Hours Min.					
10a. USUAL DCCUPATION (Give kind of work done Industry) 10b. KIND OF BUSINESS OR III. BIRTHPLACE (County & State, or Peign country) 10c. USUAL DCCUPATION (Give kind of work done Industry) 10c. NIND OF BUSINESS OR III. BIRTHPLACE (County & State, or Peign country) 10c. NIND OF BUSINESS OR III. BIRTHPLACE (County & State, or Peign country) 10c. NIND OF BUSINESS OR INDUSTRY STEAM FITTERS (NION VIRGINAL)	12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THOMAS BOTTS SOPHIA HASLIP						
Write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 37C4 - 4CM PLACE 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE WIDOWED DIVORCED Oct 14 187 10a. USUAL DECUPATION (Give kind of work done in hospital, give street address) DECEASED (Type or print) NEVER MARRIED NEVER MARRIED NEVER MARRIED Oct 14 187 DETINATION NOUNTRY SEAM FITTERS (NION 11. BIRTHPLACE (Country & State, or sign country) MINDUSTRY SEAM FITTERS (NION 15. WAS DECEASED EVER INU.S. ARMED FORCES? 15. WAS DECEASED EVER INU.S. ARMED FORCES? 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) YES SPANICH AMERICAN 578 036148 ELLSWCRTH N, BOTTS LEWISDA	23 PL LE MD					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which Conditions, If any, which	INTERVAL BETWEEN ONSET AND DEATH Jetting					
gave rise to immediate cause (a), stating the underlying cause last. Co	RT2(a) \19. WAS AUTDPSY					
cause (a), stating the Underlying cause last. Cause (a), stating cause last. Cause (a), stating cause last. Cause (a	PERFORMED? YES NO P					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTION CAUSE	(County) (State)					
54 £02 5 bylle 14 44 HOLY 4 HOLY	. 19 <u>67.</u> that (I) (we) last					
21. I certify that (I) (this hospitel) attended the deceased from 5 to 4// Saw the deceased alive on 1967, and that death occurred at M, from the causes an 22a. SIGNATURE	d on the date stated above.					
PARTIE DIRECTOR DIREC	Hattarille, Hoh					
21. I certify that (I) (this hospital) attended the deceased from \$\frac{1967}{2}\$, and that death occurred at \$\frac{1967}{2}\$, where \$\frac{1967}{2}\$, and that death occurred at \$\frac{1967}{2}\$, and that death occurred at \$\frac{1967}{2}\$. Signature \$\frac{1967}{2}\$, where \$\frac{1967}{2}\$, and that death occurred at \$\frac{1967}{2}\$. Attending \$\frac{1967}{2}\$, where \$\frac{1967}{2}\$	#					
	istrar's signature					

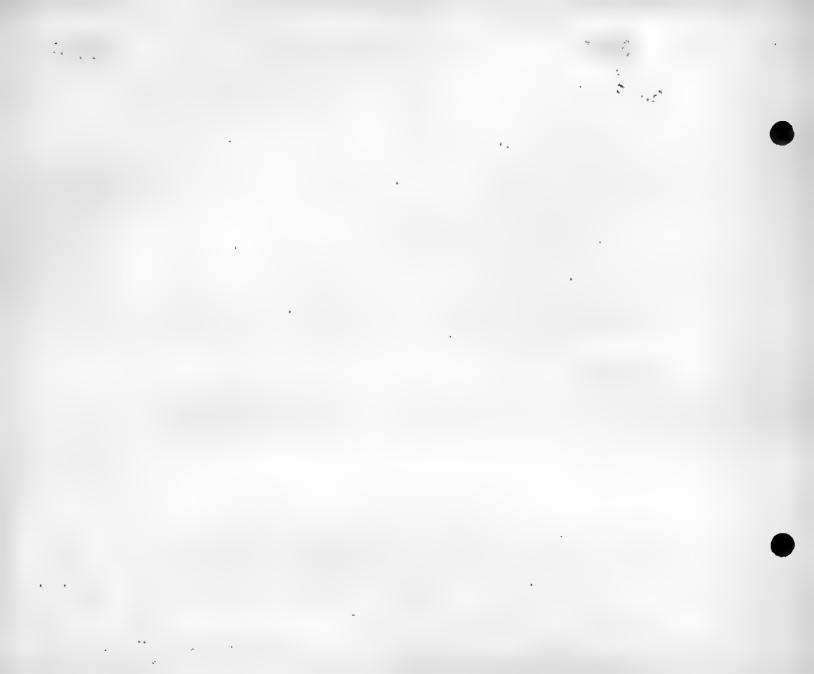




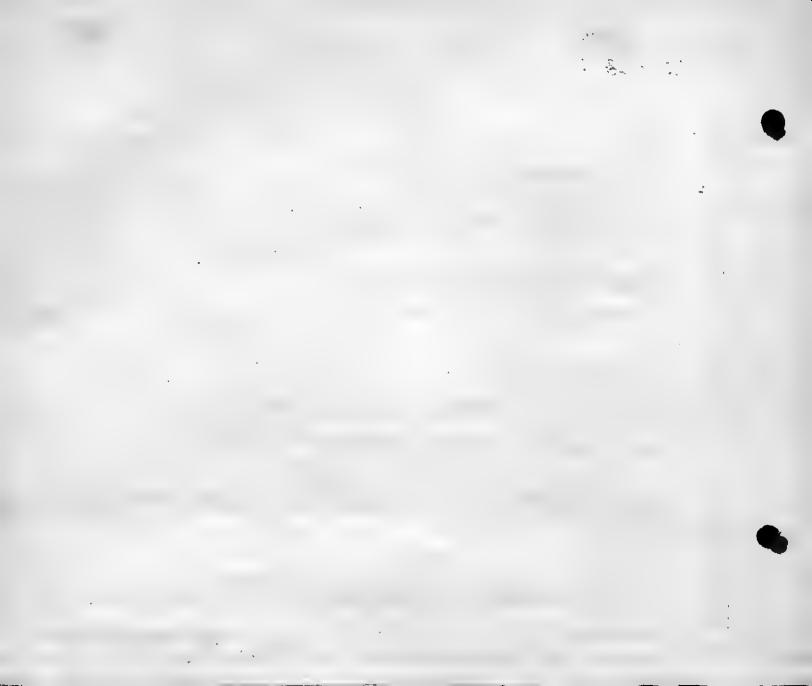
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05571 requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH the attending physician and campletely filled in by the funeral sit permit. Then please respondentable papers Pages I and b. COUNTY Prince George's o. COUNTY Maryland Prince George's MARYLAND C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give negres! town) Seat Pleasant 1 day d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 6906 Prince George's General Hospital В Street NO YES -Middle 4 DATE 3. NAME OF First lost Month Year 19 67 DECFASED April D. Boyer Robert (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** B DATE OF BIRTH 9. AGE (In years 5 Jast birthdoy) Months Hours 11/11/11 White WIDOWED Male DIVORCED 10o USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
STEAMFITER INDUSTRY USA West Virginia Construction 14. MOTHER S MAIDEN NAME 13. FATHER'S NAME John E. Bover Pamela Dunlap 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Maryland (Yes, no, or unknown) (If yes give wor or dates of service) Donald D. Boyer 3400 Brinkley Rd. Oxon Hill INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (t)) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Coronary Thrombosis IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (o), DUE TO storing the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO YES TOTAL 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 19 1/ that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram_ and that death accurred M, from causes and an the date stated above. saw the deceased alive_on_ 22b DATE SIGNED 22n. SIGNATURE ATTENDING director, page 3 should be filed v M.D. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN S Dr. Peter Duus 6124 Central Ave., Capitol Hgts.Md. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE THEREOF (County) (Stote) BREMOYAL (Specify) 4/10/67 Edge Hill Cemetery Charles Town, West Virginia 24. FUNERAL DIRECTOR obert E. Wilhelm Funeral Home VR A15 (4) 20 M 1/66

4308 Suitland Road, Suitland, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	05572 MEDICAL EXAMINER'S CERTIFICATE OF DEATH USDAY
HE (LINV) PPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, if institution: Residence before admission e. STATE (A) C/4. DC b. COUNTY
reessar or. Pag ir files.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)
I director. I director. Poparime death.	NAME OF HOSPITAL OR INSTITUTION (If not in hospite), give street address) d STREET ADDRESS
dell dell dell dell dell dell dell dell	PRINCE GEORGES GEN. 1705P. 2824 DEVONSHIRE PL. NILLYES NO. 13. NAME OF First Modella Lass 4. DATE Month Day Year
o the function of the function	(Type or print) GEORGE VINCENT BRENNEMAN DEATH APRIC 5, 1967
r death. and 3 to may be 2 with 1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
rs afte s 1, 2, age 5 age 5 1 and t with	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign equatry) 11. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. CITIZEN OF WHAT COUNTRY 14. CANARY 15. CITIZEN OF WHAT COUNTRY 16. CANARY 17. CITIZEN OF WHAT COUNTRY 18. CANARY 18. CANARY 19.
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Within form form fir. File	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Revision Told Control of the Contro
them 15 with with permi	18. CRUSE OF DEATH [Enter only one sause par line for (a), (b), and (c)a)
ncil in along transit	PART I. DEATH WAS CAUSED BY: Wounds Multiplicle And ONSET AND DEATH IMMEDIATE CAUSE (a)
should be execu g" in pencil in II 's Office along 's a burial-transir I ion, of (emoval.)	Conditions, if any, which a Sewere Fracture Chart.
ate si ding as a as a	(e), stating the undarlying DUE TO Kull Crushy wife about the first course (e), Skyll Crushy wife about the first
ord "	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TRAINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES IT NO IT
IR: This ce the word Medical E should be to burial	20a. EXTERNAL CAUSE WAS PRIMARY IN OF CONTRIBUTING TO PORT HOW WITH DESCRIPTION (Enter nature of injury in Port I or Port II of item 18.
VIINE Chief ge 3 prior	S 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, ferm, 20t. (Gity or town) (County) (State)
3 90 "	Hour Tim. While Nor While Rectory, street office bldg., etc.) A D p.m. While at work at work to the charge of the remains described above, held an Autopsy to Aspection of Inquiry and in my opinion
M. E.AL EX • the certificate, forwarded to the DIRECTOR: designated age.	death resulted from: Natural causes . Accident Suicide . Homicide . Undetermined manner
. 5 2 9	ACTUAL DOME ON ACTUAL M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
o de la	EXAMINER'S DAYTON O MATKING Street, city, town, or county) 4-7-67
TO DE! please 4 shou IO FUI	220. BURIAL, CREMATION 226. DATE THREOF 220. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) ISIND STORY (Specify) 4/8/1967 GOVAGE WAS INVESTIGATION (City, town, or county) ISIND CO. M.D.
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

E AA	ı	05573	CER	RTIFICATE OF DEATH		15572	
that the death certificate be executed within 24 haurs after death sin. by the attending physician and completely filled in by the funeral-ransit permit. Then please remayeretron papers. Pages 1 and crematian, ar remayal, and in any event within 72 haurs after death crematian.	Ĩ.	PLACE OF DEATH O COUNTY Prince Geo	rge		Where deceased lived, if institution Res yland b COUNTY F	erince George Prince George	
		C NEVERT Pod give nearest town	imits, c LENGTH OF		itside corporate limits, write RURAL and ${f le}$,	give nearest town)	
		d name of Hospital or Institution Prince George G		- 1	thorpe Street	B IS RESIDENCE ON A FARM? YES NO 3	
	3	NAME OF DECEASED (Type or print)	ary H.	Brewer	4 DATE Month OF April	Day Year 1, 19 67	
	I	SEX Semale Semale White	WIDOWED DIV	ORCED April 1, 18	375 92 birthday) Mant		
ate be e ician and lease rer and in ar	đ		4440-140-101	erment Alabar	ma	COUNTRY?	
e death certificate b attending physician permit. Then please an, ar remaval, and i		s FATHER'S NAME Samuel Blount Br			an MacFarlane		
	(S. WAS DECEASED EVER IN U.S. ARMED FOR (es, na, ar unknawn) (If yes give wor or do no	tes of service) 578 60 51	95 T Miss Virgini	a W. Brewer (ne	ne as #2	
that the can. by the o fransit pe		18. CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY IMMEDIATE CO	4. 6		fact	INTERVAL BETWEEN ONSET AND DEATH	
w requires ding physicic een signed the burial-tr		Conditions, if ony, which gave	(b) DUE TO	enevalatic	Hant Desan	4. 4-16)	
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Sicial ospital certifical ned far		20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJU	JRY OCCURRED (Enter nature of injury in	Part 1 ar Part II of Hem 18)		
HOSPITAL OR ATTENDING PHY ge 4 may be retained by the ho FUNERAL DIRECTOR: After this crectar, page 3 shauld be detach nauld be filed with the State Dept	MEDICAL	20c. TIME OF NJJRY Manth, Doy, Ye Haur a.m. p.m.	20d INJURY OCCURRED While Not While of work of work	factory, street, affice bldg., etc.		(County) (State)	
			saw the deceased alive or	haspital) attended the deced		1:168 M, fram causes and a	
			220. SIGNATURE VIE	1		MED STAFF DIRECTOR PHYS D	DATE SIGNED
	/	22c. PHYSICIAN'S NAME (Type) Aaron D	-4-4-Mil 1999		George Plaza Hy		
Page TO FUN direct shaul]	3 uPMPW1(Specify) 4/5	67 Hills		23d LOCATION (City or Town) Anniston	(County) (Stote) Alabama	
VR A15 (4) 25M 1/67		24 FUNERAL DIRECTOR Francis Gasch's S	ons Hyattsville		R 4 1967 FCLO	vles Judge	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 9 Film CERTIFICATE 95574 OF deoth. The law requires that the death certificate be executed within 24 hours after death. led in by the funeral Jopers. Pages 1 and PLACE OF DEATH 2 USBAL RESIDENCE (Where deceased lived if institution. Residence before admission) o COUNTPrince Georges Mary land Prince Georges MARYLAND c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town) c LENGTH OF STAY IN 16 Fairmont Hgts Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 1 hr 10 mins e IS RESIDENCE ON A FARM? d STREET ADDRESS 709-62nd Ave. NO [Prince Georges General Hospital the ottending physicion and completery in sit permit. Then please remove aschan-3 NAME OF Middle Last 4 DATE Month Day Year DECEASED OF. April 19 67 Edith I. Brooks 3 (Type ar print) DEATH B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6 COLOR OR RACE NEVER MARRIED XX 7. MARRIED rthday) Months Days Haurs 10/17/15 WIDOWED DIVORCED Colored Female 11 BIRTHPLACE (County & State, or fareign country) 12 CIT ZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COVINCIA during most of working life, even if retired) INDUSTRY Washington. .DC. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Ruth Pinkney Eli Brooks Kentland, 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, ng, ar unknown) (If yes give wor ar dates of service) 16 SOCIAL SECURITY NO. Address John Brooks-7316 73rd Ct. Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (c), (b), and (c).)
PART I. DEATH WAS CAUSED BYsigned by the Luriol-tronsit p buriol, crematic ONSET AND DEATH IMMEDIATE CAUSE (a) TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 moy be retained by the hospitol or ottending physician. TO FUNERAL DIRECTOR: After this certificate hos been signed by **DUE TO** vascular Hemon lage Canditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause as the feet 19. WAS AJTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health NO YES 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) detoched f te Dept. af I (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Nat While at wark at work 21. I certify that (I) (this haspital) attended the deceased from April 3, 1967, to April 3, 1967, that (I) (we) last saw the deceased alive on April 3, 1967, and that death occurred at0:15M, from causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE M.D. DIRECTOR PHYS. director, page 3 should be filed v 22d ADDRESS 22c PHYSICIAN'S NAME (Type) Prince Georges General Hospital Edwin J. Jensen. M.D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23b DATE THEREOF (County) 23g BURIAL CREMATION REMOVAL (Specify) Maryland Harmony Memorial Park 2Sq REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) Hone U 20 M 1/66 Stewart Funera/1

Kentland, hn Brooks-7316 73rd Ct. Maryland

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE 6Where deceased lived. If Institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) bon papers. Pag within 72 hours 1/2 HOURS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO etely 3. NAME OF Alddia Last DATE Month Day DECEASED complex ve carb event, (Type or print) DEATH 19 6 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR last birthday) | Months | Days NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS Months Davs Hours 80 DIVORCED! WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT (County & State or foreign country) during most of working life/even if retired) COUNTRY? torunkur certificate removal, **FATHER'S NAME** MOTHER'S MAIDEN NAME been signed by the attend the burial-transit permit. To burial, cremation, or re 15. WAS DECEASE DEVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (h). gave rise to immediate DUE TO cause (a), stating the as the underlying cause last. (c) CERTIBICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health certificate PERFORMED? NO R YES 20a, ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) r this certif detached for te Dept. of J OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) DIRECTOR: After the page 3 should be defined with the State D factory, street, office bldg., etc.) Hour a.m. MEDI While Not While at work at work be retained 21. I certify that (I) (this hospital) attended the deceased from 196 \angle , that (I) (we) last and that death occurred at Sec saw the deceased alive on M. from the causes and on the date stated above. director, page 3 shi should be filed with 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. Page 4 may ! M.D. DIRECTOR PHYS. TO FUNERAL I PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, (State) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 196 15M 4-64



1. 27	MARYLAND STATE DEPAR DIVISION OF VITAL RECORDS, 301 W. PRESTON		
FOR STATE	95576 MEDICAL EXAMINER'S C		にたかに
HEALTH DEPT.	1 PLACE OF DEATH a COUNTY	2 USUAL RESIDENCE (Where deceased lived if institution Reside	rce before admysian)
2, ond 3 to PM3. Poge	Prince George's MARY, AND b (ITY OR TOWN (If outside corporate limits write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	Maryland Anne Arun c C TY OR TOWN (flautside carparate imits, write RURA, and gr	del ve nearest tawn)
PM PM	Cheverly DOA d NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street address)	Crownsville d STREET ADDRESS	e IS RES DENCE ON A FARM?
deoth If of Poges 1, with form	Prince George General Hospital	Box 55	YES NO NO
deoth If Poges with farm	3 NAME OF Frst Middle DECEASED Middle	lost 4 DATE Month OF	Doy Year
Hogelive Hogelive	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8	Brown DEATH DATE OF BIRTH 9 AGE (n years IF UNDER last birthday) Manihs	10 19 67 R 1 YEAR IF UNDER 24 HRS Days Haurs Min
Tond 2	Male Negro WIDOWED DIVORCED 100 USUAL OCCUPATION (Sive kind of work dane dupid) post of your fair level of the person of the of the per	1 Dec 1913 53 yrs	CUNTRY?
This certificate should be executed within 24 icate, writing the ward "pending" in pencil in be farwarded to the Chief Medical Examiner's be used os a buriol-transit permit. File pages removal, and in any event within 72 hours often	13 FATHERS NAME BLOWN	14. MOTHER'S MAIDEN NAME	7172
be executed within "pending" in pending in pending in itely Medical Examine ansit permit. File page ent within 72 hours o	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no prynkgown) (If wespine was a router of service) 16. SOCIAL SECURITY NO 17. INF	FORMANT Address	wille M.
be execute "pending" nief Med cak ansit permit.	78. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart failure		INTERVAL BETWEEN ONSET AND DEATH MINULES
should be en ward "per to the Chief, buriol-transit	Conditions, if ony, which gove) DUE TO Arteriosclerotic he	eart disease	unknown
certificate should writing the ward rwarded to the Cr sed os a buriol-tro vol, and in any ev	rise to immediate cause (a), stating the underlying cause (c)		
This certificate should icate, writing the ward be farwarded to the Cr be used os a buriol-transmovol, and in any ev	PART II OTHER SCALETANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BE ATED TO THE	E TERMINAL D SEASE CONDITION GIVEN IN PART 1(a)	19 WAS ALTOPSY PERFORMED? YES FELL NO 74
# 7 4 4	200 EXTERNAL CALSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH 201 T ME OF NJLRY Month, Day, Year While Not While factory	nter nature of injury in Part or Port 1 of term 18.)	7 (3)
se execute the cert se execute the cert ector. Page 4 should ned for your files. ECTOR: Page 3 should buriol, cremot.on, o	20r TME OF NJLRY Manth, Day, Year 20d INJURY OCCLRRED 20e PLACE While hat While at wark at wark	OF NJURY (Mome, form, 20f (City or town) (Co y, street, office bldg , etc.)	aunty) (State)
Al EXA execute or. Page of for you TOR: Page	21 I certify that I took charge of the remains described above, held		
MEDICAL EXAM bleose execute the director. Page 4 etained for your DIRECTOR: Page to buriol, cremo	deoth resulted from. Notural Jouses M., Acutent, Suicide	e , Homic de , Undetermined monner C	
		M.D ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	22. DATE SIGNED
O DEPUTY necessary, p the funeral 5 may be r 6 FUNERAL Health prior	NAME (Type) John Kehoe, M.D. Riverdale, Md.	Address (Street, city, town, ar county)	4-11-67
The state of the s	23a. BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMPTERY OR CREMATION W-14-1967	MAJORY 238 JOCATION WINT OF SAME	(Caunty) (State)
VR A 15ME (5)	24 FUNERA DIRECTOR ADDRESS	250 RECD BY REGISTRAR 25b REGISTRAR'S DATACK 13 1867	SIGNATURE
	Will History of Milling	THE DESIGNATION OF THE PARTY OF	<u> </u>



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05578 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY Prince George b. COUNTY Maryland Prince George MARYLAND b CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 18 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bladensburg Bladensburg d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 5440 Taylor Street 5440 Taylor Street NO P NAME OF Middle 4. DATE DECEASED 67 April Ethel Clair Butler (Type or print) DEATH 9 AGE (in years gast birthday) S SEX 6 COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF JNDER 24 HRS 7 MARRIED **NEVER MARRIED** Hours White May 14, 1880 Female WIDOWED X DIVORCED 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) OWN Home ULOUSTRYA. West Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Christopher C. Sypolt Unknown IS WAS DECEASED EVER IN U.S ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes no or unknown) (If yes give war or dates of service) Mrs. Nellie V. Kline Same as #2 (daughte 235 18 2675 IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 1200 DUE TO Conditions, Fony, which gave (b) rise to immediate couse (o), DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 200 ACCIDENT WAS UNDERLYING (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or fown) (County) 2Dc TIME OF INJURY Month, Day, Year Hour om. foctory, street, office bldg., etc) Not While at work of work 21 I certify that (1) (this hospital) attenged the deceased from Control 1965, 10 april **2**≥9, 1**€** 7, that (1) (we) las 7967, and that death durred at 1237M, from causes and on the date stated above saw the deceased alive on a 22b DATE SIGNED STAFE PHYS. ATTENDING DIRECTOR

certificate **DIRECTOR:** After this directar, page 3 should be filed v FUNERAL 2 VR A15 (4) 25M 1/67

22c. PHYSICIAN S

230 BUR AL CREMATION.

BEMOWA Silecty)

requires that the death certificate be executed within 24 havrs after death

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remaval, and

crematian, ar

attending permit. The

signed by the burial-trans

24 FUNERAL DIRECTOR **ADDRESS** Francis Gasch's Sons Hyattsville, Md.

236 DATE THEREOF 5/2/67

CAMERON

23c NAME OF CEMETERY OR CREMATORY

Greenway

250 REC'D BY REGISTRAR

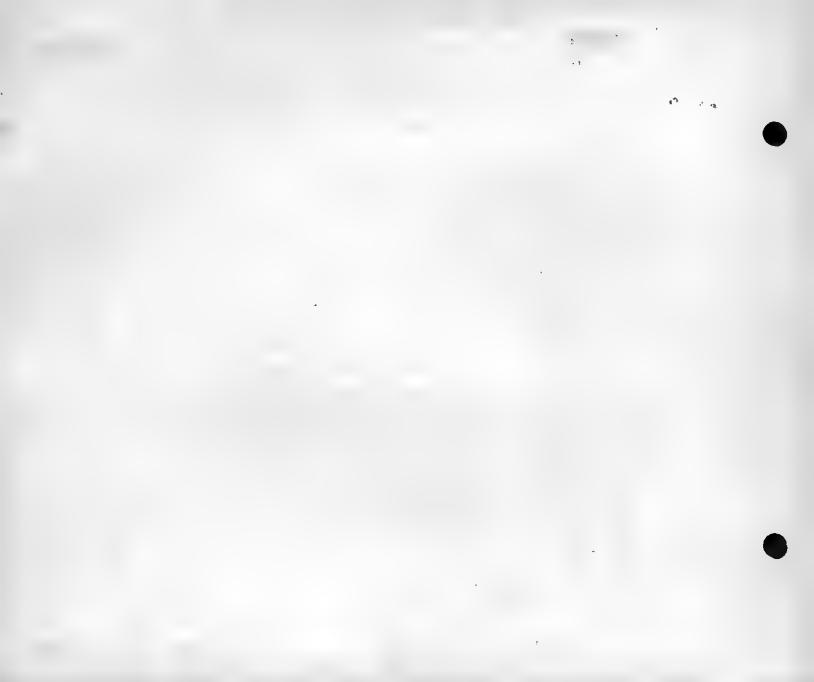
23d LOCAT ON (City or Town)

Burkley Springs

ADDRESS 50

(County)

West

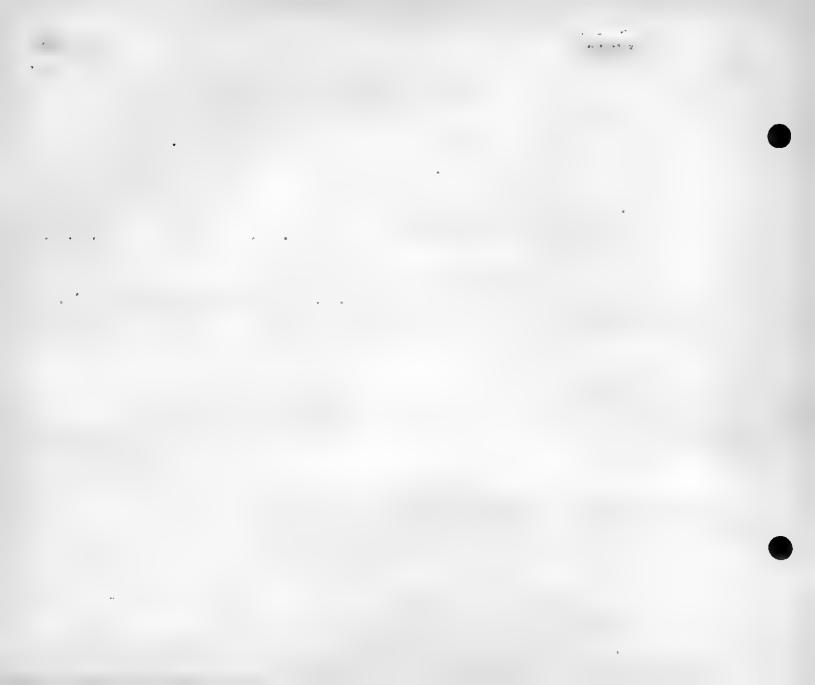


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH the attending physician and campletely filled in by the funeral sit permit. Then please remove carbath-gapers Pages I and Prince Georges Prince Georges ar remayal, and in any event, within 72 haurs after MARYLAND requires that the death certificate be executed within 24-haurs after CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Upper Marlboro 5 days Cheverly d STREET ADDRESS a IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Box 3000, Upper Marlboro, Md. Prince Georges General Hospital NO TA 3 NAME OF Middle 4 DATE Month Year DECEASED Cadle April 19 67 Sheldon Elwood 10. DEATH (Type or print) AGE (In years 1 YEAR IF UNDER 24 HRS. S SEX DATE OF BIRTH 6 COLOR OR RACE NEVER MARRIED 7 MARRIED birthdoy) Months Haurs Male White 5/27/89 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10b Construction Carpenter Own Business COUNTRY? Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Brooke Cadle Mary Strong 17 INFORMANT Horace S. Cadle-Washington, D. C. 200 IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Nes no, ar unknown) (If yes give wor ar dotes of service crematian. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) signed by physician. **DUE TO** Canditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been as the 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) of Health p USe YES JOST NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (State) 20d INJURY OCCURRED (City or town) (County) 20c. TIME OF INJURY Manth, Day, Year Hour o.m foctory, street, office bldg., etc.) While Not While 21. I certify that (%) (this hospital) attended the deceased fram_saw the deceased glive an April 10, 1957, and the April 10 . 1967, that 🗯 (we) last and that death accurred at 1:15/M, fram causes and on the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a SIGNATURE M.D DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN S 3007 NAME (Type) director, shauld 23d. LOCATION (City or Town) NAME OF CEMETERY OR CREMATORY (State) 23g BURIAL CREMATION 23b. DATE THEREO Md. Belair Memorial Gardens REGISTRAR'S SIGNATURE **ADDRESS** 2Sq. REC D BY REGISTRAR 24. FUNERAL DIRECTOR Charles VR A15 (4) 20 M 1/66 Ritchie Bros. Upper Marlboro, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #3 Film #G388 CERTIFICATE 15588 PLACE OF DEATH COUNTY Prince George 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) Prince George g. STATE Marvland b COUNTY law requires that the death tertificate be executed within 24 hours after MARYLAND b CITY OR JOWN (If autside carparate limits, write RIBAL and give gearest town) c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)

Hyattsville c. LENGTH OF STAY IN 16 filled in by e IS RES DENCE Magnolia Gardens Nursing Home d. STREET ADDRESS ON A FARMO 4104 Hamilton St. bon pa YES [NO: NAME OF Zora first DATE ond completely f Middle Manth Day Year incross DECEASED 7 19 67 April (Type or print) DEATH 9. AGE (In years IF .. NOER I YEAR LIFTINDER 24 HRS Female. 8 DATE OF BIRTH 7. MARRIED **NEVER MARRIED** remove/ birthdoy) Manths Days Haurs Nov 23. 1888 WIDOWED * DIVORCED 12 CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done during most bi could be the beginning from the country of the cou 10b. KIND OF BUSINESS OR OWNDUIROME 11 BIRTHPLACE (County & State or foreign country)
Balt. Co. Maryland ease signed by the attending physician burial-transit permit. Then please 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removal. Rosa A Benjamin Franklin Frost 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Wm. W. Carincross University Park, Md. (Yes, na, or unknown) (If yes give war ar dates of service 578 28 6239 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave nse ta immediate cause (a), DUE TO for use as the b stating the underlying cause this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO for 20g ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJRY (Hame, form 20d INJURY OCCURRED (County) (Store) 20c. TIME OF INJURY Month, Day, Year (City or town) Haur a.m. factory, street, affice bldg, etc.) Not While at wark at work FUNERAL DIRECTOR: After 21 I certify that (I) (this haspital) attended the deceased from Page 4 moy be retained 19 67, and that death accurred at 430 M. from causes and saw the deceased alive an_ [ch.] an the date stated above. 22o. SIGNATURE DIRECTOR MD director, page should be filed 22d ADDRESS 22c. PHYSICIAN S NAME (Type) Levitský Mt Rainier, Md. Leon 230 BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) (Caunty) April 11, 1967 Ft Lincoln Cemetery Colmar Manor Pro Geo Md. 9 ADDRESS 25g. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Minelen F. Gasch's Sons Hyattsville, Md.



Corrected with care it , bigo to holy 3, 2

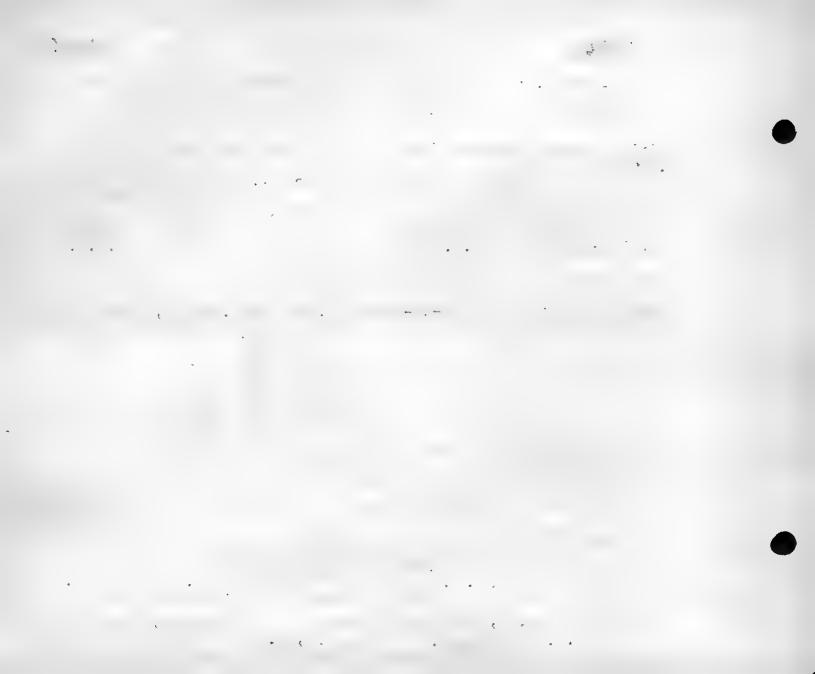
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05582 CERTIFICATE OF DEATH the low requires that the deoth certificate be executed within 24 haurs after death. physician and campletely filled in by the funeral en please femove carbon papers. Pages 1 and 2 oval, and in oth event, within 72 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) I PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND PRINCE GEORGES PRINCE GEORGES MARYLAND CITY OR TOWN (f outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) ANDREWS AFB DOA OXON HILL d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO V 7606 BOCK ROAD HOSPITAL ANDREWS 3 NAME OF 4 DATE First Middle Month Dov Year DECEASED OF DEATH APRIL 26 67 CASTER ANNA JOSEPHINE 19 (Type or print) IF UNDER 24 HRS IF JNDER 1 YEAR B DATE OF BIRTH AGE (In years S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED birthdov) Dovs FEMALE CAU DIVORCED 10 Apr 1897 WIDOWED 10a 1/SUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working the even if retired)
HOUSEWIFE INDUSTRY COUNTRY? burial-transit permit. Then please, burial, cremation, or removal, and SWEDEN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN OSTERLUND MAHTILDA JOHNSON IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) [If yes give war or dates of service] DAUGHTER SAME AS #2 038-12-4662 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) ATHEROSCLEROSIS CORONARY ARTERIES signed by Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gave (b) rise to (mmediate cause (a) DHE TO for use as the b Health prior tab stoting the underlying couse (O FUNITAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES 🔽 NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [detached for the Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) 19 of work of work director, page 3 should be should be filed with the Stat 21. I certify that (1) (this haspital) attended the deceased from 8 April , 19 67, to 24April, 167, that the well as the deceased alive on 24 April 1967, and that death occurred a 2:25 PM, from causes and on the date stated above. sow the deceased alive on. 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** 27 April 67 DIRECTOR PHYS M.D. 22d ADDRESS Hospital Andrews NAME (Type) DC 20331 Wash 23c NAME OF CEMETERY OR CREMATORY 23d., LOCATION (City or Town) 230 BURIAL, CREMATION (County) 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATEMAY 1967



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05583 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY #b. TOUNTY a. STATE MARYLAND OR TOWN c. LENGTH OF STAY IN 16 c. CITY OR TOWN (IF autside carparate limits, write RURAL and give nearest tawn) filled in by popers. give street address d. STREET ADDRESS IS RESIDENCE ON A FARM? nA E NO 🗸 NAME OF remove_carban, DATE the attending physicion and completely sit permit. Then please remove carbar DECEASED Type or print DEATH S SEX IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED EVER MARRIED veors birthday) Manths Davs Haurs Ano ui buo WIDOWED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 13. FATHER'S ar removal, INFORMAN WAS DECEASED FW SECURITY NO Address (Yes, na, or unknown) (If yes give war ar dates of service) buriol, cremation, 18. CAUSE OF DEATH (Enter only one cause per line burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if any, which gave rise to immediate cause (a) DUE TO stating the underlying cause has been s Page 4 may be retained by the hospital or attending as the prior to b last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) ed far use of Health p NO O FUNERAL DIRECTOR: After this certificate 20g ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port It of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 3 should be detache with the State Dept. MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour a.m. While Not While factory, street, office bldg , etc.) at wark at work 21. I certify that (I) (this haspital) attended the deceased from and that death accurred at 3 saw the despased alive from causes and on the date stated obove. 22a. SIGNATUR **ATTENDING** director, page 3 should be filed v M.D. PHYS. 22c. PHYSICIAN S NAME (Type) BURIAL, CREMATION, OR CREMATORY OCATION (City or Town) (County) (State) REMOVAL (Specify) lkensom? 250. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25b. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05584 burial-transit permit. Then please remove carban papers. Pages 1 and 5 burial, cremation, ar removal, and in ally event, within 72 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland COUNTY Prince Georges Prince Georges MARYLAND requires that the death certificate be executed within 24 haurs after b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Bowie davs Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? attending physician and completely filled in sermit. Then please rerhove carban papers Prince Georges General Hospital 12613 Craft Lane NO 🖪 3. NAME OF First Middle 4 DATE Month Lost Doy Year DECEASED (Type or print) Celiah Sr. April 26 19 67 Albert DEATH NMN S SEX B. DATE OF BIRTH AGE (In years IF JNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SO vis Hours 22 Dec., 1916 White WIDOWED Male 100 LSUAL OCCUPATION (Give kind of work done 17 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired)
Retired—Anylist S. Nevy COUNTRY? Wisconsin TT Q A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Iso Celich Eva Hidech IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. Address (Yes_no, or unknown) (If yes give wor or dates of service) No None 389-10-1553 Mrs. Dorothy K. Celich. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN signed by the burial-transit PART I DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (o' Page 4 may be retained by the haspital ar attending physician. DHE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. of Health priar ta 1 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO YES -200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (County) (Stote) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg, etc.) of work ot work ~ - 2, . . . , 19 _ / that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. . 19 and that deoth occurred at 12, 23M, from couses and on the date stated abave. saw the deceased alive on. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING M.D DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S 5409 Riverdale Rd. Riverdale, Md. NAME (Type) Albert Roth, M. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23c BURIAL CREMATION, (Stote) BWYAL (Specify) Apr. 29,1967 Gate of Heaven Wheaton, Maryl and EGISTRAR 256, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR W. W. Chambers ADDRESS Riverdale, Md. REC'D BY REGISTRAR VR A15 (4) v Misman 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05585 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death and physiciop and campletely filled in by the funeral en please remove carban papers. Pages 1 and aval, and in any event, w.thin 72 haurs after deat PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY b. COUNTY n. STATE b CITY OR TOWN (If actside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) Washington.D.C Hyattsville IS RES DENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS YES NO NO Carroll Manor 1504 23rd. St. SE 3. NAME OF Lost DECEASED (Type or print) OF DEATH Chappelear Veronica S SEX NEVER MARRIED 9. AGE fin years IF UNDER 24 HRS 7 MARRIED (ast birthdoy) Hours Female White WIDOWED DIVORCED 10o USUAL OCCUPAT ON (Give kind of work done during most of warking life, even if retired) 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR COUNTRY INDUSTRY Charles Co., Md. Ret-Examiner-Bureau of Engraving 14. MOTHER'S MAIDEN NAME Ellen Rose Morris Thomas J. Chappelear IS WAS DECEASED EVER IN U.S. ARMED FORCES?
[Yes, no, or unknown] (If yes give wor or dotes of service) 16 SOCIAL SECURITY NO 17 INFORMANT Andress Hospital Records No 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEET signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY. Acute Pulmonary Edema IMMEDIATE CAUSE (o)_ Arteriosclerotic Heart Disease Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause attending O FUNERAL DIRECTOR: After this certificate has been the 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) MEDICAL CERTIFICATION NO Interstitial Pneumonia Ē 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II af item 1B.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While at work ot work 21 | certify that (I) (this tosetal) ottended the deceased from Oct. 7 , 1958, to April 17, 1967, that (I) *We) last 19_67, and that dooth accurred at 11.30M, from causes and on the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 22a. SIGNATURE DIRECTOR M.D directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 322 H St. N.E. Washington, D.C. Thomas F Collins, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify)
Rurial Suitland, Maryland Cedar Hill Cemetery 256 REGISTRAR'S SIGNATURE 250. REC D BY REGISTRAR VR A15 (4) Pa.Ave., SE DC 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05586 35586 CERTIFICATE OF DEATH re≡ui≡s that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if Institution Residence before admission) PLACE OF DEATH the ottending physician and completely filled in by the funera sit permit. Then please rendave corbon papers. Pages 1 and a. COUNTY a. STATE b. COUNTY Prince Georges Maryland MARYLAND Prince Georges b CITY OR TOWN (f autore carparate limits write RURAL and give nearest town) c. City OR TOWN (If autside corporate limits, write RURAL and give negrest town) CLENGTH OF STAY IN 16 Cheverly 30 days Greenbelt d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d STREET ADDRESS ON A FARM YES FI NO-F Hillside Rd Prince Georges General Hospital 3 NAME OF 4. DATE Lost Day DECEASED (Type or print) DEATH Faith Charland M. Anri S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Manths Days Haurs DIVORCED FeMale White Tune 25, 1902 10g USUAL OCCUPAT ON (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, ar fareign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY Michigan 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME Unknown Fred Polkev IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 8324 - Verona 16. SOCIA: SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates at service) Neil F. Charland- Dr. Carrollton. 386-03-5156 No cremation, Ma. INTERVAL BETWEEN Son 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c). signed by the burial-transit p burial, crematic PART I. DEATH WAS CAUSED 8Y ONSET AND DEATH arluse IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove nse ta immediate cause (a), DUE TO tor use os the ! Health prior to b stating the underlying cause Poge 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificote hos been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CFRTIFICATION NO jo 20a. ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) Haur a.m. Nat While factory, street, affice bldg., etc.) 2). I certify that (1) this tospitals attended the deceased from March 12, 1867, to April 11, 1967, that (1) treet last saw the deceased glive an April 11, 1987, and that death accurred at 1:45 M, from causes and an the date stated above. should saw the deceased alive an April 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. DIRECTOR director, page 3 should be filed v ADDRESS 22c. PHYSICIAN 4637 Eastern Ave. Washington, D.C. NAME (Type) Samuel J. Sugar. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23a. 8URIAL, CREMATION. REMOVA- (Specify) Wash. D.C. Mt. Olivet Cem. 25a. REC D 8Y REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Inc.

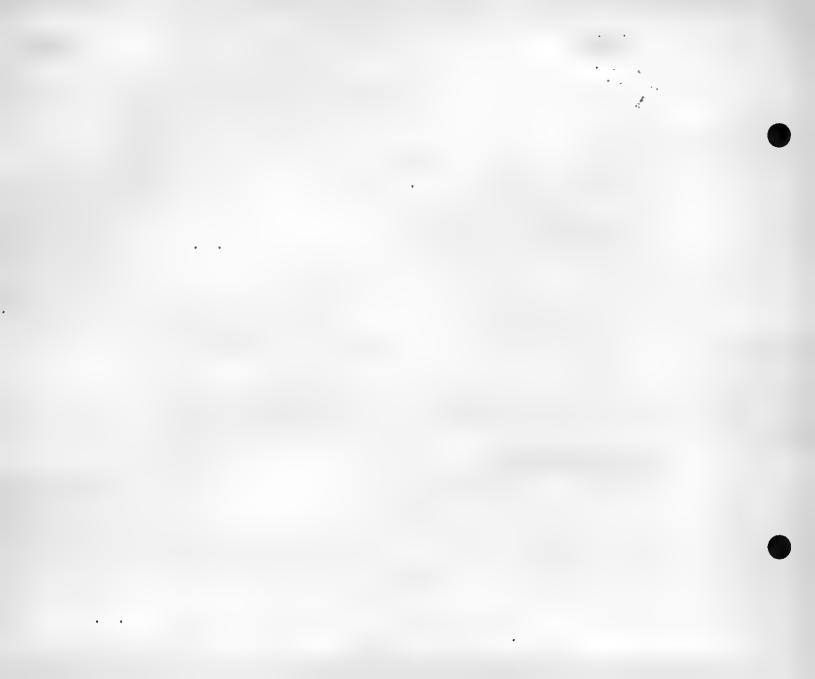


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP 2 USUAL RESIDENCE (Where deceased lived, if institution Reside PLACE OF DEATH Prince George's b County Prince George's " Maryland Page MARYLAND b CITY OR TOWN (If outside corporate limits write RURAL and give nearest tawn) c City OR TOWN (If auts de carporote limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN ID Carmody Hills Cheverly 4 hours burial transit permit. File pages Land 2 with the State Depart d NAME OF HOSPITA. OR INSTITUTION (If not in haspital give street address) S RESIDENCE ON A FARM? d STREET ADDRESS te certificate, writing the ward "pending" in penct in Item 18 Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with farm Prince George's Hospital 7403 C Street NO X This certificate should be executed within 24 hours after death 3 NAME OF 4 DATE Lost Month Doy DECEASED 0F Alfred Clark Benjamin April (Type or print) DEATH NEVER MARRIED 8 DATE OF BIRTH 9 AGE (n years F UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED lost birthday) event within 72 hours after death. WIDOWED DIVORCED [12-22-47 Negro male 11 BIRTHPLACE (State or fare gn country) 10a USUA: OCCJPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? during most of warring life, even if retired) INDUSTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alfred B. Clark, Sr. Clarice Smith 15 WAS DECEASED EVER IN US ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, 1908 Unknown) (If yes give wor or doles of service) 216-50-5134 Alfred B. Clark, Sr. Address Same as 2d. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c))
PART I DEATH WAS CAUSED BY-4 OHIET AND STEATH Laceration of brain IMMEDIATE (AUSE (a) _ writing the ward n any Right pneumothorax L hours Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause and Trauma - auto accident 4 hours PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? cremation, ar remayal, please execute the certificate, 20g EXTERNAL CAUSE WAS PR MAR ALD OF CONTRIBUTING 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part I of item 18.) Driver of car which ran off road and collided with cement CAUSE OF DEATH abuttmenter D 20e PLACE OF INJURY (Home form 20f (City or town) 20c TiME OF NIJRY Month, Day, Year Not While Ritchie Mariboro Rd. s. of Whitfield Rd. P.G. 4-30-679 21 I certify that I took charge of the remains described above held an Autopsy , Inspect on to leave the control of the contro nguiry X. and in my opinion Homicide Natural causes Accident Suic de Undetermined manner death resulted fram CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 4-30-67 DEPUTY MEDICAL EXAM NER 3 EXAMINER'S John Kehoe, M.D. Reiverdale towMd county) NAME OF CEMETERY OF FREMATORY 23b DATE THEREOF 0 VR A15ME (5) Mintes Judge



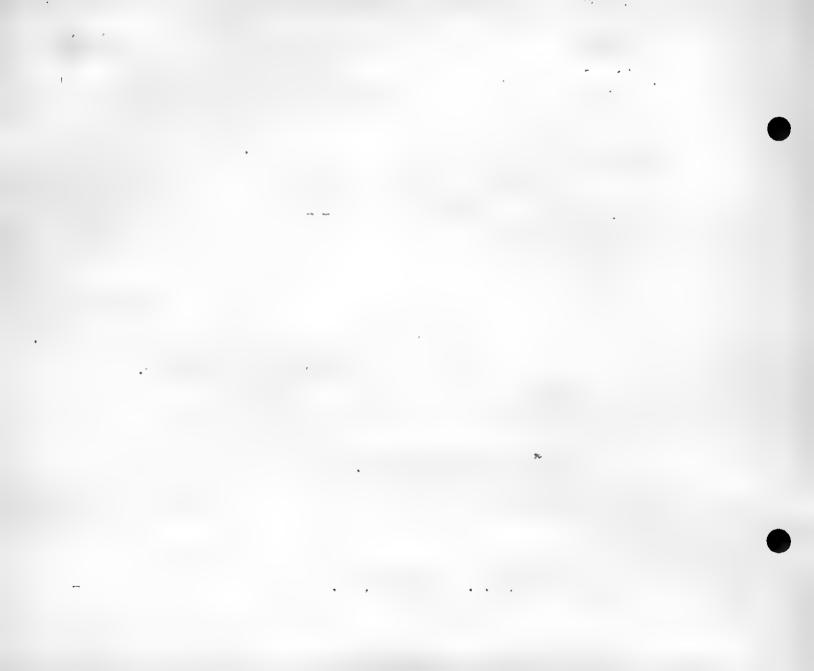
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05588 05588 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY b. COUNTY PRINCE GEORGES MARYLAND PRINCE GEORGES b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) completely filled in by the overcarbon papers. Page y event, within 72 hours a SEAT PLEASANT HYATTSVILLE IS RESIDENCE ON A FARM? d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 6315 FIELD STREET HYATISVILLE NURSING HOME YES 🔲 NO 🔀 NAME OF First Middle 4. DATE Year DECEASED OF DEATH (Type or print) ELIZABETH APRIL 26 IF JNDER 1 YEAR S SEX 9 AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** lost birthdoy) Hours attending physician and consermit. Then please remay and in ony WIDOWED X DIVORCED SEPT. 14,1874 WHITE 10o USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 8IRTHPLACE (County & Stole, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
HOUSEWIFE INDUSTRY COUNTRY ? WASHINGTON D. C. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remova GEORGE WHITE ISABELLE PIERCE 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) OLIVER 6315 FIELD STREET 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I DEATH WAS CAUSED BY ONSET/AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse certificate has been etached far use as the Dept. af Health priar to WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) FICATION NO 200 ACC DENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour 'o.m. foctory, street, office bldg., etc.) at work 21. 1 certify that (I) (this haspital) attended the deceased from 1967 to 4-20 196 7, that (I) (we) last O HOSPITAL OR ATTEND Page 4 may be retained and that death accurred at 6: a: M, from causes and an the date stated above. O FUNERAL DIRECTOR: saw the deceased alive an 22a SIGNATURE 22b DATE SIGNED 4-26-6 MD. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230 8URIAL, CREMATION, DATE THEREOF (County) B REMOVAL (Specify) 4/29/67 CONGRESSIONAL CEMETERY WASHINGTON D. C. REC D 8Y REGISTRAR 2Sb REG STRAR'S SIGNATUL 24. FUNERAL DIRECTOR ROBERT E. WILHELM FUNDERAL HOPE VR A15 (4) 25M 1/67

4308 SUITLAND ROAD, STITLAND, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05589 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o STATE b. COUNTY 2, and 3 to PM3. Page with the State Department af Prince George's

b CITY OR TOWN (If outside corporate in its, write RURAL and give nearest town) Prince George's MARYLAND Maryland c. C.TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b Cheverly College Park 3 weeks Itom 18 Give Pages 1, 2, Office alang with farm d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? Prince George General Hospital 9736 52nd, Avenue YES NO IX This certificate should be executed within 24 haurs after death NAME OF 4 DATE Month Dov DECEASED Cleveland (Type or print) SMITH DEATH Helena S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH AGE (In years IF UNDER 24 HRS lost birthdoy) Months Hours WIDOWED DIVORCED White 6_1_1498 Female 00 USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life even if ret red) COUNTRY? HEW YORK pages the certificate, writing the ward "pending" in pencil is should be forwarded to the Chief Medical Examiner 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME ADELBERT UNKNOWN IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 5522 KENNEDY STEWARTE CLEVELAND (Yes, no, or unknown) (fives give wor or dotes of service) 578341101 in any event within RIVERDALE IB CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE (AUSE (o) Pulmonary embolus DLE TO Phlebo thrombosis both femoral veins Conditions, if ony, which gove (b) From immobilization from fracture of femur. rise to immediate couse (a). DUF TO stoting the underlying couse fast PART I. OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(a) remaval, 19 WAS AUTOPSY PERFORMED? CERTIFICATION. YES X 2Do EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port L or Part L of tem 18) 3 shauld CAUSE OF DEATH Fell at home. 2Dc TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form 2Df (City or town) (County) (Stote) While of work factory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page 3-30- 19 67 Home Same as #2 2). I certify that I taak charge of the remains described above, held an Autopsy Inspection x, Inquiry x, and in my apin an the funeral director. death resulted fram Natural rauses Undetermined manner Acc dent. Suicide , Hamicide CHIEF MED CAL EXAMINER ACTUAL 22. DATE SIGNED 5 may be reto TO FUNERAL D Realth priar t ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER NAME Type John Kehoe, M.D. Riverdale, Md. 4-21-67 Address (Street, city, town, or county) 23. NAME OF CEMPTERY OR CREMATORY 230 BURIAL FREMATION 23d. OCATION (City or Town) REMOVAL (Specify) MT, HOPE CEMETERY BURIAL 24 FUNERAL DIRECTOR VR A15ME (5) W.W. CHAMBERS GO. RIVERDALE, MD 6M 1/67 APR 2 5 1967 Actionles Judge



24. FUNERAL DIRECTOR
Francis Gasch's Sons Hyattsville, Md.

05590

03330			OI DEATH			
1 PLACE OF DEATH			2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission)			
Prince G	eorges	MARYLAND	o. STATE Maryland b. COUNTY Prince Georges			
b CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b			c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)			
write RURAL and give nei	12 days	Berwyn Heights				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)			d STREET ADDRESS e IS RESIDENCE			
Leland Memorial Hospital			ON A FARM?			
3 NAME OF		Middle	*			
DECCACED		E _	Lost	4. DATE Manth	Day Year	
(Type or print) S. SEX 6, COLO	Vance R OR RACE 7. MARRIED		Coffey B. DATE OF BIRTH	DEATH Apr	il 29 19 67	
	* 1		11-15-94		Manths Doys Haurs Min.	
	11001110	DIVORCED		12 YIS		
100 USUAL OCCUPATION (Give kin deping spostrof working tip, even		IND OF BUSINESS OR	1 1	& State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?	
	Kei. Fu	IIIIcus		Carolina	U.S.A.	
13. FATHER'S NAME			14 MOTHER'S MAIDEN NAME			
Charlie			Sophronia Phipps			
(Yes, ng, ar unknown) ((If yes giv	RMED FORCES? 16.	SOCIAL SECURITY NO 17 I	NFORMANT	Address		
No ·	40	9-05-5120	Medical Red	cords		
18. CAUSE OF DEATH (Ent	er only one couse per line for	(a) (b) and (c).)	1 17	. / / .	INTERVAL BETWEEN	
PART I DEATH WAS C	AUSED BY MEDIATE CAUSE (0)	Mysean	liat in	Juschen:	ONSET AND OF ATH	
4-2 1	DUE TO	11-	1101			
Conditions, if any, which g		487	411-			
rise to immediate couse (a), stating the underlying couse DUE TO						
last	(c)	Hiles	real la	oufficien	4	
PART II. OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION CIVEN IN PART 1(0)	19. WAS AUTOPSY	
0110					PERFORMED?	
200 ACCIDENT WAS UNDERLY		SCRIBE HOW INJURY OCCURRED	(Enter nature of injury in I	Port I ar Port II of item 18.)	8 1	
OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E				·		
₹ 20c. TIME OF INJURY Mont		NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form	, 20f (City or town)	(County) (Stote)	
Hour a.m.	19 While of wor	Not While foct	ary, street, office bldg , etc.)			
21. I certify that	(I) (this haspital) atten	ded the deceased fram_		967, to 4/2/	5, 1967, that (1) (we) las	
saw the deceased	alive on 9	19 6 7 and that	death occurred at	HAGE M, fram Lauses an	d an the date stated above	
22o. SIGNATURE	Hefican	a monte mi). PHYS	MED STAFF DIRECTOR PHYS.	22b DATE SIGNED 4/29/67	
22c. PHYSICIAN'S NAME (Type) F	P. Chiaram	onte, M.D.	4307 Bran	nch Ave. Marlo	ow Hgts., Md.	
23a BURIA., (REMATION, BURIMONA (Specify)	5/2/67	23c NAME OF CEMETERY OR Ft. Lincoln	CREMATORY	23d LOCATION (City or Town)	or, (County) G. (State) Md	

REC'D BY REGISTRAR

1967

MAY 5

VR A15 (4) 25M 1/67

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05591 05591 requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b COUNTY completely filled in by the fur b CITY OR TOWN (if outside corporate limits LENGTH OF STAY IN 15 c (ITY OR TOWN (If ourside corporate limits, write RURAL and give neares) fown) hin 72 hours o and give necresi town) Chapel Hill. Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 9165 Old Fort Road YES NO 4 DATE NAME OF Middle First Month Dov Year DECEASED 1967 (Type or print) DEATH F UNDER 24 HRS SFX 6 COLOR OR RACE DATE OF BIRTH 9. AGE (In 7 MARRIED NEVER MARRIED remove birthdoy) Months Hours Doys WIDOWED DIVORCED In any 100 USUAL OCCUPATION (Give kind of work done during most of working ite, eyen if retired) 10b. KIND OF BUSINESS OR & State or foreign country) 12 CITIZEN OF WHAT please INDUSTRY COUNTRY? MOTHER SMAIDEN NAME 13. FATHER'S NAME the attending physical them p WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) fift was give wor or dates of service! EMMA. BOLDEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO enic Flexure of Conditions, if ony, which gove rise to immediate couse (a) DUE TO TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIMITION: After this certificate has been stoting the underlying couse as the last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? for use Health (NO PO YES 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20o. ACCIDENT WAS UNDERLYING detached f te Dept. af l OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) Hour o.m. foctory, street, office blda., etc.) Not While of work 21. I certify that (I) (this hospital), attended the deceased from 1960 shauld and that death occurred of AM, from couses and an the date stated above. saw the deceased alive on 220. SIGNATURE 22b DATE SIGNED MED DIRECTOR M.D. PHYS ADDRESS 22c. PHYSICIANS NAME (Type) 230 BURIAL, CREMATION, REMOVAL (Specify) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) Church Cemetery Chapel Hill, Maryland Burial 25o. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE ADDRESS 30/5-/24/14 24. FUNERAL DIRECTOR VR A15 (4) \ 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05592 05592 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH b. COUNTY ince Georges o. COUNTY o Slaryland Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Rural (Glenn Dale) 25 years Rural (Glenn Dale) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Glenn Dale Hospital YES NO DX Clenn Dale Hognita NAME OF First Month Doy Year DECEASED (Type or print) James Shields Conant April 19 67 DEATH 5. SEX 6. COLOR OR RACE 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdoy) Months in only August 7,1906 male White DIVORCED | WIDOWED 100 USUAL OCCUPATION (Give kind of work done TOB KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stole, or foreign country) 12. CITIZEN OF WHAT U.S.A. during most of working life, even if retired). Hospital Amsterdam. N.Y. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, ar remayal. James B. Conant Mary Jane Fritsch IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) Glenn Dale Hospital 560-24-6775 Ellen Conant - wife -18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) NTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Massive coronary occlusion **DUE TO** Conditions, if any, which gove rise to immediate couse (a), Diagnosed DUE TO stating the underlying couse (c) Arteriosclerotic heart disease August, 1964 19 WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION NO YES] 20o. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Doy, Year Inctory street office bldg .etc) Not While of work of work 19 67, to 4/9 , 1967, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from 4/9 1967, and that death accurred at 7. 3 5 M, from couses and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR April 9.1967 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Yeong-Cheol Koh, M.D. Glenn Dale Hospital, Glenn Dale Marylan 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Fairview Cemetery Amsterdam New York
REGISTRAR S SIGNATURE 250. REC'D BY REGISTRAR FUNE BURECTON awler's Sons, Incappressash. D. ocharles VR A15 (4) Washe.



MARYLAND STATE DEPARTMENT OF HEALTH

4. * .

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Litem #2a,b,c & d CITTIFICATE OF DEATH PC

CERTIFICATE OF DEATH 05594 aquires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY Prince George Maryland MARYLAND b. CITY OR TOWN (If outside corporate imits, CLENGTH OF STAY IN 16 c CITY OR TOWN (15 gutside corporate limits, write RURAL and give nearest town) the attending physicion and completely filled in by the sit permit. Then please remain carbon papers. Pagination, or removal, and in any event, within 72 hours o Vier Hyattsville Wa h. T.C. Davis S.E. IS RES DENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Carroll Manor YES NO T NAME OF 4 DATE Dov Middle Lost Year DECEASED COVELL NELLIE Ε. April 17,1967 19 DEATH (Type or print) DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** Stast birthdoy) Nov. 17,1882 Months Hours Female White 84 cremation, or removal, and in ony WIDOWED DIVORCED 12. CITIZEN OF WHAT 106. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 100 USUA, OCCUPATION (G've kind of work done during most of working life, even if retired) COUNTRY? INDLSTRY Maryland TIS 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Violet Kraft Emerson 16. SOCIAL SECURITY NO INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? Rev. Frederick Bloom-Rockville, Md. (Yes no, or unknown) (If yes give wor or dates of service) No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY signed by the buriol-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO buriol Conditions, if ony, which gove use to immediate couse (a), DHE TO storing the underlying couse Page 4 may be retained by the haspital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO! THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO C 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or lown) (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work of work Z 1962, that (I) (we) last 1967. ta and that death accurred at 6.49 M, fram/causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 220 SIGNATURE **ATTENDING** 4/17/67 DIRECTOR PHYS PHYS 22d. ADDRESS 22c PHYSICIAN'S Timothy F.O'Donovari 4400 NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION REMOVAL (Specify)
Burial 4/19/67 Mt. Comfort Alexanderia. Va. Fune ral Home-1331 Rockville, Md. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Rockville VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
 ∠ ****		OFFOR	CERTIFICATI	E OF DEATH	055	95	
24 hours after death filled in by the tunera apers. Pages 1 and 4 n 72 hours after death	1.	PLACE OF DEATH a. COUNTY			E (Where deceased lived, If institution: R	(esidence before admission)	
ter 1		Prince Geor	'ge MARYLAND	a, STATE	b. COUNTY	\sim	
rs after by the Pages.		b. CITY DR TDWN (if outside corporate ilmit write RURAL and give nearest town)		,	outside corporate limits, write RURAL	and give nearest town)	
ours in thour	_	Suitland	5 Months		ngton, D.C.	47.	
24 ho filled papers, in 72 h		d. NAME OF HOSPITAL OR INSTITUTION (if n		d. STREET ADDRESS	Stroot N F	e. IS RESIDENCE ON A FARM?	
ri partiti	_	Suitland Nursing F	Middle		Street N.E.	YES ND A	
nted within 24 hours a completely filled in by ve carbon papers. Pagevent, within 72 hours	3.	DECEASED (Type or print) Catherine	D	Last Cox	4. DATE Month DF DEATH	8 1967	
coming seven	5.		/	B. DATE OF BIRTH	9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS.	
requires that the death certificate be executed ding physician. been signed by the attending physician and control burial-transit permit. Then please remove to burial, cremation, or removal, and in any events.	Fe			10-27-18	YS vrs.		
	10: du	a. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	10b. KIND DF BUSINESS OR INDUSTRY		ounty & State, or foreign country) 12. C	ITIZEN OF WHAT	
te b ysici		Housewife				5.A.	
fical fical poval	13	FATHER'S NAME		14. MOTHER'S MAID			
din erti	16	Thomas Elli		Rose T	4 4		
ath of mit.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 579-52-4439 Levi Cox Same as # 2						
requires that the death certificate be ding physician. been signed by the attending physician the burial-transit permit. Then please by to burial, cremation, or removal, and in the burial of the bur	-	18. CAUSE OF DEATH [Enter only one cause		evi Cox	Same as # 2	INTERVAL BETWEEN	
the by t ansit		PART I. DEATH WAS CAUSED BY:	a lapton	Mall	itus	ONSET AND DEATH	
that sicia al-tra		IMMEDIATE CAUSE (a) OUE TO	1	. / .	4		
res phys sig surid		Conditions, if any, which \ (b)	Lineraline	ed and	mundanis		
equi ling been the		gave rise to immediate DUE TD					
aw r tend nas as as	E	underlying cause last. (c) PARTIL OTHER SIGNIFICANT CONDITIONS CO	NTD (DIJT INC TO DEATH DUT NOT DELA	TED TO THE TERMINAL D	ISEASE CONDITION CIVEN IN PART 1(a)	119. WAS AUTOPSY	
he I or at use	CERTIFICATION	TARTIS, OTHER STARTITIONAL CONDITIONS CO.	HINIDOTING TO DEATH DOT NOT RELA	HED TO THE TERMINAL D	13DASE COMDITION STREET IN LANT X(0)	PERFORMED?	
The tall	E	20a. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I or Part II of Item 18		
cer thed	SE SE	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
HYS the b this letac Dep	SA FA		facto	CE OF INJURY (Home, fa	rm, 20f. (City or town) (Cou	unty) (State)	
NG P by t fter be of state	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, farm, factory, street, office bldg., etc.) 4 4 4 4 4 4 4 4 4						
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that tage 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed birector, page 3 should be detached for use as the burial-trannould be filed with the State Dept. of Health prior to burial, cre		21. I certify that (I) (this hospital) a		wpt , 19		that (1) (we) last	
Sho sho		saw the deceased alive on 7 (1)	19/27, and that	t death occurred at 2	M, from the causes and on t	the date stated above. DATE SIGNED	
AL OR IN DIRECT NATION OF THE		22a. (300 A) A (4 A) (4	lean M.D	ATTENDING	MED. STAFF PHYS.	WIE GIGHTE	
TAL TAL 1 Page e fille		22c. PHYSICIAN'S	· I I	22d. ADDRESS	01/ 0 (E	5 (
HOSPITAL Page 4 may FUNERAL director, pag should be fill		NAME (Type)	1DA DEAU	31126	lly live & C.	1 10020	
TO HOSPITA Page 4 mi TO FUNERAL director, p	23.	a. BURIAL, CREMATION, 23b. DATE THEREO	of 23c NAME DF CEMETERY Fort Linco.	OR CREMATORY	23d. LOCATION (City, town or co Prince George	unty) (State)	
, L	F 24	Burial 17-10-19	ADDRESS ADDRESS			'S SIGNATURE	
VR A15 (4)	6	R. L. & almost in	13/-11× N1/1 121	DATE AP	R 10 1957 Min		
20M 1/65	_<	Les Marine	WANTE OF THE PARTY				



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY o. STATE b. COUNTY State Department of Prince George's Maryland MARYLAND b CTY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CTY OR TOWN (If acts de corporate limits, write RURAL and give neorest town) DOA Cheverly Waldorf d. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d SIRFET ADDRESS B IS RESIDENCE ON A FARM? 16. Give Pages 1, z Prince George General Hospital Rt.2. Box 119 YES NO K Middle 4 DATE DECEASED DEATH (Type or print) 19 Thomas Crampton Frank NEVER MARRIED S SEX 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months DIVORCED 72 haurs after death WIDOWED white male 4 sha. d be farwarded to the Chief Medical Examiner's Office 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1) BRIMPLACE (State r foreign co. rry) 12 CT ZEN OF WHAT during mys) of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14 MOTHER'S MATDEN AT ME 17 INFORMANT in any event within NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart. Pailure writing the ward over 7 mo. DUE TO Arteriosclerotic heart disease Canditians, if any, which gave rise to immediate cause (a). DHE TO stating the underlying couse pe nseq PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE COND TON GIVEN N PART 1(g) 19 WAS AUTOPSY PERFORMED? remayal, NO X Diabetes - over 15 years. 20g EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 18) 3 shauld CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF NJURY (Hame, farm 20f (City or town) (County) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. foctory, street, affice bldg., etc.) Not While ot work 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection x, Inquiry 🚾 , and in my apinian O FUNERAL DIRECTOR: death resulted from Natural couses X Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health pr.ar SIGNATURE the funera DEPUTY MEDICAL EXAMINER may NAME (Type, John Kehoe, M.D. Riverdale, Md. Address (Street city town or county) NAME OF TEMETERY OR TREMATORY 250 RECD BY REGISTRAR

VR A15ME (5) 6M 1/67



St. Josephs Cemetery

Wash DC

ADDRESS

Bros. 1661-Good Hope Rd SE

05597

Geo.

Fth

12 CITIZEN OF WHAT

COUNTRY?

e IS RES DENCE ON A FARM?

YES IN NO

Year

19 67

IF UNDER 24 HRS

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

(County)

((Qualty)

harles Jusque

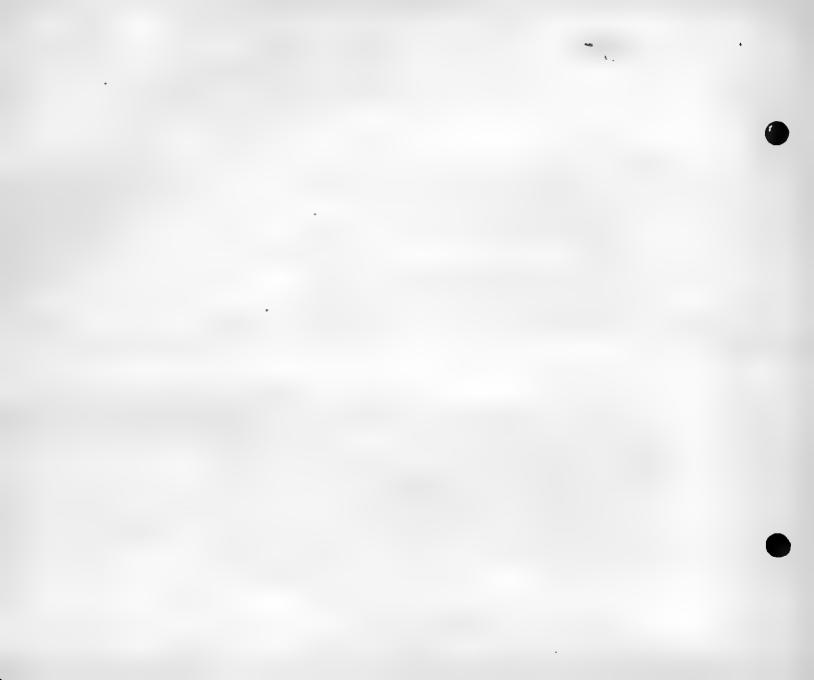
Hanover, Pennsylvania

APR 7 1S

NO

(Stote)

0 VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

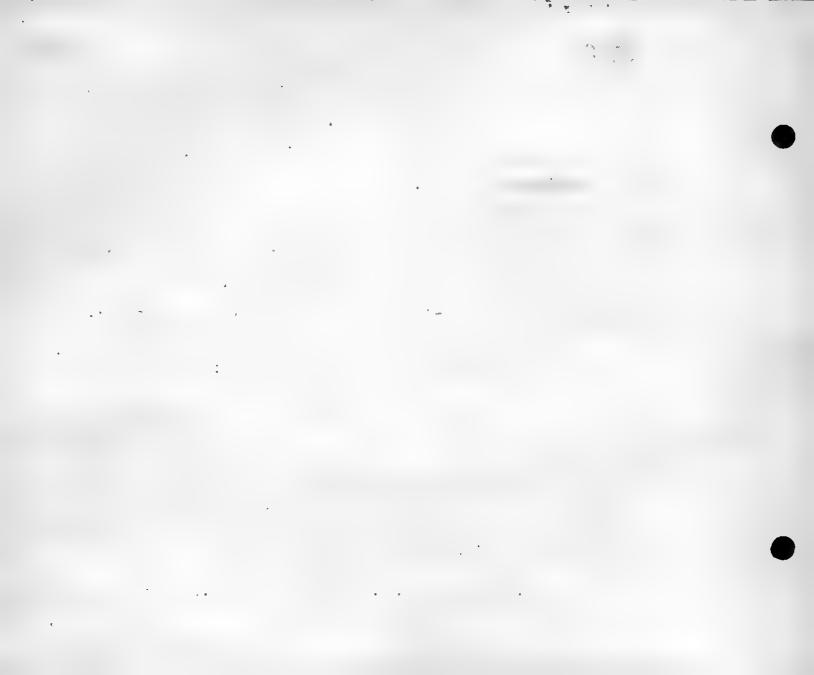
05598	CERTIFICATI	OF DEATH	.05598
1 PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived, if institu	
o. COUNTY Prince Georges	MARYLAND	Maryland b col	r.Geo.
b CITY OR TOWN (f outside corporate lim		CITY OR TOWN (If autside carparate limits, write RU	
write RURAL and give nearest town)	Approx.2 wk		,
Cheverly d NAME OF HOSPITAL OR INSTITUTION (IF:		d STREET ADDRESS	e IS RESIDENCE
· ·		3716 - 37th St.	ON_A FARM?
Prince Georges Ger			YES NO X
DECEASED : THE MAN	First Middle	Lost 4. DATE Mon	
fillipe or brand	/ W.	Davison DEATH Apr	11 12 19 67
6 COLOR OR RACE	7 MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Haurs Min
Female white	WIDOWED 🔀 DIVORCED	4/19/1893 73 yrs.	
Oa USUAL OCCUPATION (Give kind of work dan		11. BIRTHPLACE (County & State, or fateign country)	12 CIT ZEN OF WHAT COUNTRY?
furing most of working life, even if retired) ROUTPOR HOAT	th Educ & Walfare	Penna.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Davis N. Wil	.e y	Hanna L. Eshbano	h
IS WAS DECEASED EVER IN ILS ARMED FORCES	2 16 SOCIAL SECURITY NO 17		ess 10814 - Taylett
(Yes, ao, or unknown) (If yes give war ar dates	578-32-7670 M	r. Robert, M. Davison	_St., Silver
Conditions, if any, which gave	E TO (c) (d)	tic eereborascular	diseise 3 weeks
PART II. OTHER SIGNIFICANT CONDITIONS 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTICE MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19 WAS AUTOPSY PERFORMED? YES NO
	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Manth, Doy, Year Haur a.m. p.m. 15	While - Not While - fac	ICE OF INJURY (Hame, farm, tory, street, affice bldg., etc.)	(Caunty) (State)
21. I certify that (I) (this ha	aspital) attended the deceased fram_	3/25, 1967, to 4/1	2 , 19.67, that (I) (we) last
saw the deceosed alive on_	8/12/67 19 , and the		and on the dote-stated obave
2207 STOMATURE Men	delsolu M	D. ATTENDING MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S		22d. ADDRESS	
Robert A.	Mendelsohn, M. D.	1012 Spring St., Silver	
23a. BURIAL, CREMATION, 23b. DATE T			
BEMPYAL GOSCITY) 4/15	/67 Meade Chap	el Cemetery Brookvil	le, Penna.
24 FUNERAL DIRECTOR Nalley's	Funeral Maryland	nior, 250. REC'D BY REGISTRAR 25b. R	EGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66

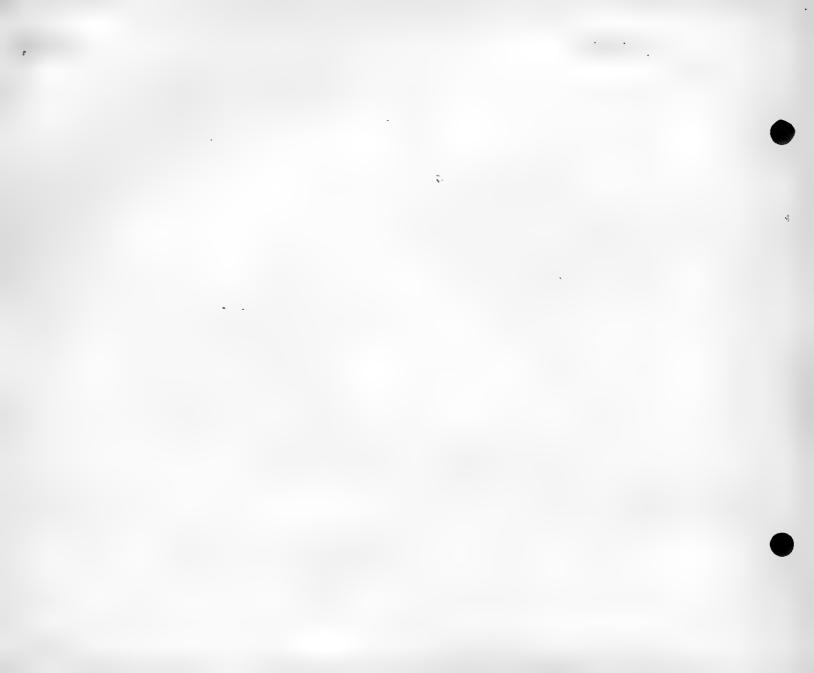
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and executes if illed in by the I director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, should be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after

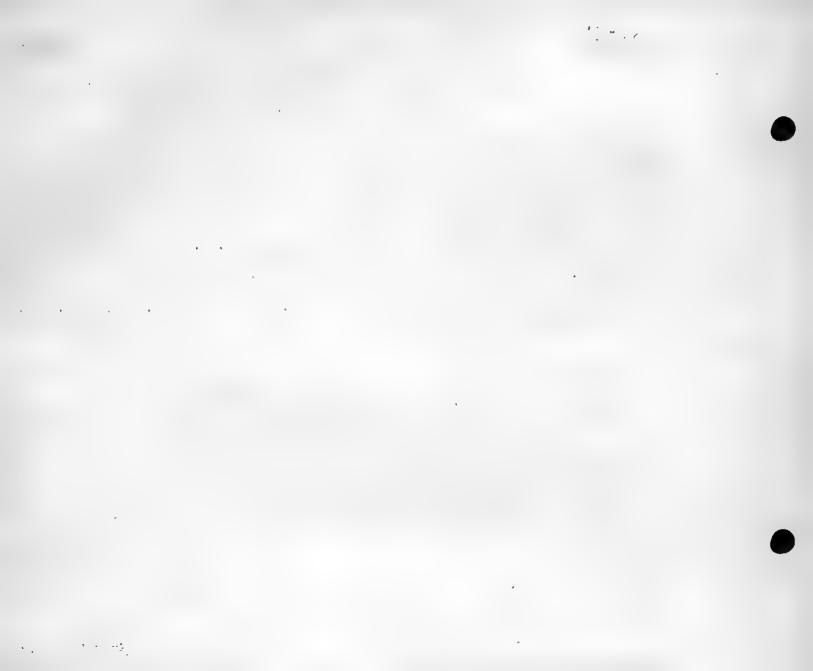


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05599 The law requires that the death certificate be executed within 24 haurs after death completely filled in by the funeral lave carban papers. Pager Tajd 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a COUNTY o. STATE b. COUNTY MARYLAND b CITY OR TOWN (E guiside comporate limits. c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 write RURAL and give neorest town) NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 1607 NO Y YES NAME OF 4. DATE reprove carban Year Lost Doy DECEASED OF DEATH (Type or print) 19 6 S SEX IF JNDER 1 YEAR 6 COLOR OR RACE NEVER MARRIED AGE (In years # UNDER 24 HRS 7. MARRIED lost bythday) Months Dovs Hours WIDOWED DIVORCED by the attending physician and ransit permit. Then please repr 100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. 8 IRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT and in during most of working life, even if retired) COUNTRY? INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, 65 Ter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service burial, cremation. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY HEMORRHAGE IMMEDIATE CAUSE (o) signed l OT 1UD GEN. ARTERIOSCLEROSIS ! NKNOWN Conditions, if dny, which gove rise to immediate cause (a). DUE TO has been s use as the t th priar tab stating the underlying couse attending last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? far use Health NO this certificate 20a ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port II or Port II of Item 18.) Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc.) While Not While of work O FUNERAL DIRECTOR: After ot work 1967, that (1) (we) last 21 I certify that (I) (this haspital) attended the deceased fram_ 28 19 67 to director, page 3 shauld should be filed with the 19 67, and that death occurred at 6 15 A.M. from causes and on the date stated above. saw the deceased alive an 220. SIGNATURE 22b DATE SIGNED ATTENDING STAFF M.D. DIRECTOR PHYS 22c. PHYSICIAN S 22d. ADDRESS VERDALE NAME (Type) **BURTAL, CREMATION** NAME OF CEMETERY OR CREMATORY 23d LOCATION (CILV or Town) -REMOVAL (Specify) FUNERAL BIRECTOR 25b.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05680 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission) o COJNTY O STATE MARYLAND b COUNTY Poge PRINCE GEORGES death PRINCE GEORGES MARYLAND b CITY OR TOWN, (If outside corporate limits, E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) tate Deportme CAMP SPRINGS e IS RES DENCE d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Deg ON A FARM? 9820 ALLENTOWN ROAD ANDREWS AIR FORCE BASE HOSPITAL 8. Give Pages YES NO X along with First 3 NAME OF Middle 4 DATE Month Doy LOST Year DECEASED 30 EARL \mathbf{F} DAY APRIL within 6 DEATH 19 6 (Type or print) IF JNDER YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (n years lost birthdoy) Months Dovs Hours NOV. 30, 1910 MALE WHITE WIDOWED DIVORCED Item 1 puo 12 CITIZEN OF WHAT 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) On USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? TELEPHONE COMPANY WASHINGTON D. C. poges USA Examiner's 14 MOTHER'S MAIDEN NAME 13 EATHER'S NAME pencil ERNEST E. DAY HATTIE G. STAMP 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address be executed (Yes no, or unknown) (If yes give wor or dotes of service or removal, ERNEST E. DAY 3009 8th St. S.E. WASH. D.C. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per integ for (o), (b), and (c).) ONSEL AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) s a buriol-tra cremotion, a certificate should writing the word DUE TO Conditions, if ony, which gove rise to immediate couse (a) DUE TO storing the underlying couse forwarded used as burial, a WAS AUTOPSY PERFORMED? ING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PART IF OTHER SIGNIFICANT CONDITIONS CONTR B the certificate. YES [NO 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port It of Item 18) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 201 (City or town) (County) (Store) 20c TIME OF IN JRY Month, Day, Year Hour om. foctory, street, office bldg., etc.) While Not While may be retoined for your FUNERAL DIRECTOR: Page at work of work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection 🔼 Inquiry 🔯 and in my apinian Natura causes death resulted fram: Accident Suicide Hamicide | Undetermined manner director. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth Address (Street, city, town, or county) NAME (Type) DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BURIAL CREMATION 400 BEMOVAL (Specify) 4/8/67 WASHINGTON NATIONAL MARYLAND 24. FUNERAL DIRECTOR COBERT E. WILHELM FUNDRESS 2So. REC'D BY REGISTRAR VR A15ME (5) 4308 SUITLAND ROAD, SUITLAND, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH



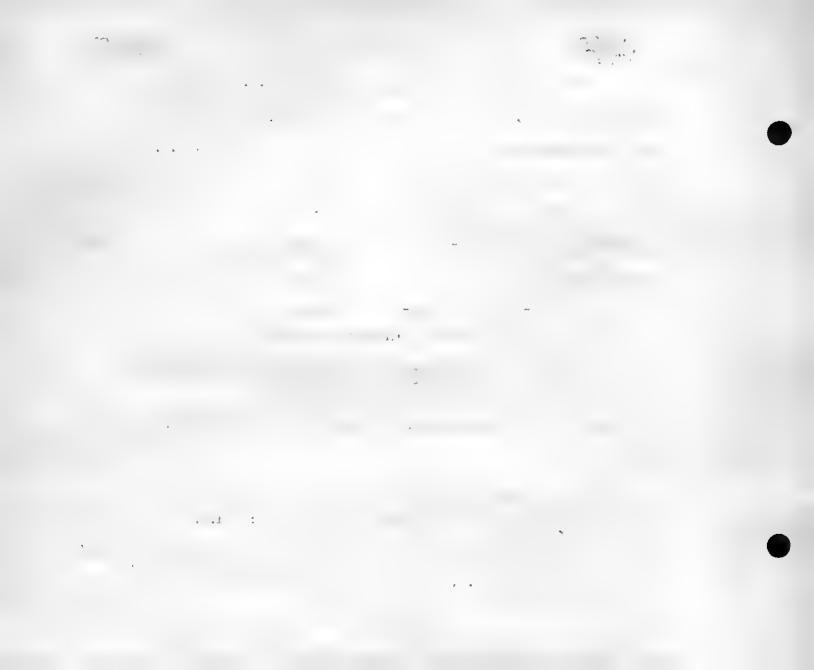
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 95601 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY campletely filled in by the dive carban papers. Pages C LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate imits c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENC ON A FARM Medicas enter NO Z YES NAME OF Middle DATE Lost Doy Уеат DECEASED (Type or print) OF DEATH 6 19 IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED **NEVER MARRIED** remaye lost birthday) Months Doys Hours and Image WIDOWED DIVORCED attending physician and permit. Then please rem 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or Foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address Jr. A. T (Yes, no, or unknown) (If yes give wor or dates of service) crematian, INTERVAL BETWEEN IB CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY burial-transit ONSET AND DEATH signed by IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept, of Health priar ta lost. WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) YES NO 2Do ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Part 1) of item 181 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form (City or fown) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. Not While foctory, street, office bldg., etc.) While 19 ot work ot work 21. I certify that (I) (this haspital) attended the deceased from directar, page 3 shauld should be filed with the and that death occurred at/ 20AM, fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22o, SIGNATURE ATTENDING PHYS. DIRECTOR PHYS 22d. ADDRESS PHYSICIAN'S-O HOSPITAL NAME (Type) 23b DATE THERFOR 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Jown) (County) (Stote) REMOVAL (Specify) 2So REC'D 2Sb. REGISTRAR'S SIGNATURE ADDRESS BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05602 CERTIFICATE OF DEATH 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission a. COUNTY a. STATE b. COUNTY Prince Georges MARYLAND completely filled in by the fu ove corbon papers. Pages of y event, within 72 hours afte b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Glenn Dale (rural) Washington davs d NAME OF HOSPITAL OR INSTITUTION (IE not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 323 17th Street, S.E. Glenn Dale Hospital within YES NO (3d) NAME OF First Middle tompletely 105 4 DATE Month Doy Year DECEASED Bennie Dobson (Type or print) April 12 requires that the death certificate be executed DEATH 19 67 S. SEX 6. COLOR OR RACE and comp 7. MARRIED TEX **NEVER MARRIED** 8 DATE OF BIRTH AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours dny Male Negro WIDOWED DIVORCED 10-29-1896 10a LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CIT ZEN OF WHAT physician and nen prease a covol direction during most of working life, even if retired)

Retired INDUSTRY COUNTRY? South Carolina USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removo Isaac Dobson Rena Mules signed by the attending levisol-transit permit. The buriol, cremotion, or remo 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dotes of service) 609-14-4505 No Decedent 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
Probable pul INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE (AUSE (a) Probable pulmonary embolism DUE TO Conditions, flany, which gave arteriosclerotic heart disease with congestive rise to immediate cause (a) null to heart failure, decompensated unknown far use os the t Health prior to b stating the underlying cause this certificate hos been (c) generalized arteriosclerosis unknown Inst. PART II. OTHER SIGNIFICANT CONDITIONS CONTR B. I NG TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION GIVEN IN PART 1(a)

Pulmonary bullous emphysema and fibrosis; multiple decubiti. 19 WAS AUTOPSY PERFORMED? ö YES T NO the hospitol 20g ACC DENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH 50 detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20¢ TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Store) Hour a.m. While Not While factory, street, office bldg , etc) at work TO FUNERAL DIRECTOR: After ot work þ 21. I certify that (4) (this haspital) attended the deceased fram. 1967, that K) (we) last 19 67, and that death accurred of be retained should saw the deceased alive an from causes and on the date stated above 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF 4/12/67 poge 3 M D DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS Glenn Dale Hospital NAME (Type) Moe Weiss, M.D. Glenn Dale, Maryland director, should b 23a BURIAL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) 4-17-62 HARMONY MEMORIAL PARK PRINCE GEORGE'S COUNTY . NO. 24. FUNERAL DIRECTOR 256 REGISTRAR S. SIGNATURE 2So. RECD BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05603 requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY the attending physician and completely filled in by the sit permit. Then places remove carbon papers. Pages OR TOWN (If autside corporate amits, write RURAL and give nearest tawn) b CITY OR TOWN (If autside carparate limits. C. LENGTH OF STAY IN 16 write RUBAL and give nearest tayin oon papers. Pag within 72 hours S RESIDENO d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET/ADDRESS ON A FARM YES ANO 3 NAME OF remaye carbon I ony event, with First DATE Last Month Doy Year DECEASED 1960 (Type or pnnt) DEATH IF UNDER 24 HRS S. SEX 9. AGE In years 1 YEAR 6. COLOR OR RACE NEVER MARRIED 7. MARRIED buthday) Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT please re 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) **COUNTRY?** INDUSTRY Farmina 13 FATHER'S NAME MOTHER'S MAIDEN NAME orsei WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address burial-transit permit burial, crematian, ar n (Yes, no, or unknown) [[If yes give wor or dates of service] Same as above INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c). ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by 260 X DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause be retained by the haspital ar attending as the priar to O FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) use NO YES for 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) shauld be detache with the State Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c, TIME OF INJURY Month, Day, Year Hour a.m. factory, street, affice bldg., etc.) Not While at wark at work 21. I certify that (1) (this haspital) offended the deceased fram. and that death occurred at 130M, from causes and on the date stated above. saw the deceased alive on 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. Director director, page Should be filed 22d ADDRESS 22c PHYSICIAN S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (Stote) 230 BURIAL CREMATION. 23b DATE THEREOF (County) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATUR 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

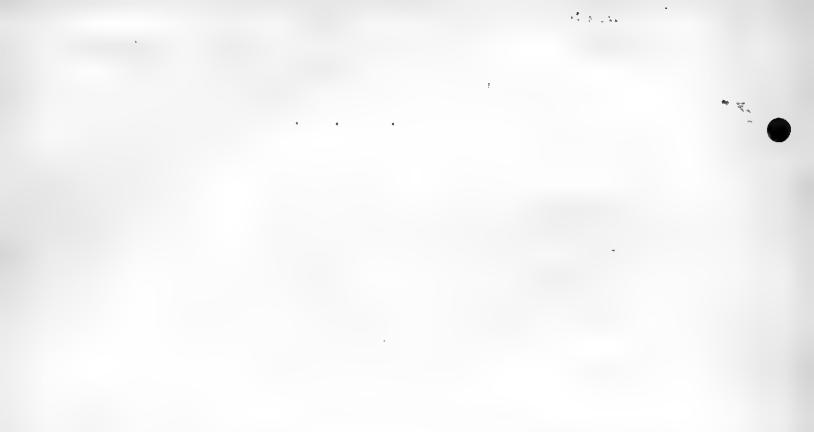


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05604 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a. COUNTY a STATE b COUNTY Prince George's Maryland Prince George's MARYLAND delay, and 3. b CITY OR TOWN (f outside corparate mits, write RURAL and give nearest town) c CITY OR TOWN (If autside carporate limits write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 DOA Cheverly Landover Hills d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RES DENCE in Item 18. Give Pages 1, r's Office along with farm ON A FARM? 7016 Taylor St. Prince George General Hospital NO 🔽 3 NAME OF M ddle 4 DATE Manth DECEASED Allen William Edens 10 (Type or print) DEATH 7. MARRIED F UNDER 1 YEAR | IF UNDER 24 HRS S SEX B DATE OF BIRTH 9 AGE (In years 6 COLOR OR RACE NEVER MARRIED last birthday) Manths Days Hours WIDOWED DIVORCED 2 July 1897 male white the certificate, writing the word "pending" in pencil in Item 1: 4 shauld be farwarded to the Chief Medical Examiner's Office 10a USUA, OCCUPATION (Give kind of work dane 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working file even if refired)
Traffic Manager Trailway Bus co Tennessee 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME event within 72 hours Samuel Edens Nina Kinningham 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCA, SECURTY NO Address (Yes, na, ar unknown) (If yes give war or dates af service) 578 05 7020 Beatrice G Edens Landover Hills, Md. 1B CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)) INTERVAL BETWEEN QNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure minutes :1200 DUE TO Arteriosclerotic heart disease over 3 yrs. Conditions, if ony, which gove) nse to immediate cause (o), **DUE TO** stating the underlying cause d be used a 19 WAS AUTOPSY PERFORMED? PART 4 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) NO Z 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B) 3 shauld PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or tawn) (Caunty) 20c. T.ME OF .NJURY Month. Day, Year Haur a.m. factory, street, office bldg., etc.) of wark at wark 21 | Certify that I took charge of the remains described above, held an Autopsy | Inspection | XI. Inquiry X, and in my opinion death resulted from Natural Jauses 🗶 , Accident 🗍 , Suicide 🧻 , Hamicide 🗍 Undetermined manner the funeral directar may be retained FUNERAL DIRECT CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAM NER **EXAMINER'S** Health NAME (Type) John Kehoe, M.D. Riverdale, Md. 4-10-67 Address (Street city, town or county) 231 NAME OF 'EMPTERY OR TOWNS 23d LOCATION (City or Town) 23a BURIA, CREMATION 23b DATE THEREOF (County) 50 REMOVA, 'Specify's Burial "pril 12, 1967 Ft Lincoln Cemetery Colmar Manor, Pro Geo Md. APR 14 1967 ADDRESS 24. FUNERAL DIRECTOR VR A 15ME (5) F. Gasch's Sons Hyattsville, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05605 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY o STATE **b. COUNTY** Page 0 of Prince George's Prince George's MARYLAND Maryland b CITY OR TOWN (If outside corporate mits, write RURAL and give nearest town) c CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) c .ENGTH OF STAY IN 1b L hrs. 5 min. Mt. Rainier Riverdale e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS Give Pages NO 3d 3107 Windom Road YES Leland Memorial Hospital 24 hours ofter death. Office olong with 3 NAME OF First Inst 4 DATE Month Year DECEASED OF DEATH Farley (Type or print) Amelia 10 19 67 SEX B DATE OF BRTH AGE (In years F UNDER 1 YEAR I IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours in item 18. within 72 hours ofter death WIDOWED DIVORCED 9 April 1912 White poges land2 Female 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT denote most of work no life eyen f retired) COUNTRY? NDUSTRY TO FATHER S NAME A execute the certificate, writing the word 'pending' in pencil in or. Page 4 should be forwarded to the Chief Medical Examiner's Verona CHAIR REAL MOTHER'S MA DEN NAME be executed within 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 6 SOCIAL SECURITY NO INFORMANI (Yes, no. or unknown) (If yes give wor or dates of service) 1B CAUSE OF DEATH (Enter only one cause per ine for (a), (b), and (c)) INTERVAL BETWEEN PART DEATH WAS CAUSED BY ONSET AND DEATH in ony event IMMEDIATE CAUSE (0) Gastro intestinal hemorrhage DUE TO cause undetermined) Conditions, if ony, which gove nse to immediate cause (a). DUE TO stating the underlying cause a. puo lost. PERFORMED?

YES 1 NO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(a) removal FICAT ON 2Do EXTERNAL CAUSE WAS 20b DESCRIBE HOW NIJRY OCCURRED (Enter nature of nury in Part or Part II of Item 18) 3 should Ö PRIMARY Or CONTRIBUTING CAUSE OF DEATH. (City or town) 20c T ME OF INJURY Month, Doy Year 20d INJURY OCCURRED 2De PLACE OF NJURY (Home form. 2Df (County) Not While Hour om foctory street, office bidg , etc.) While FUNERAL DIRECTOR: Poge of work 21. I certify that I taak charge of the remains described above, held an Autapsy 🕱. Inspect on X, Inquiry [X], and in my apinian be retained for death resulted fram. Natural causes bol/ Accident | Suic de . Hamicide Undetermined manner funeral director CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER Riverdale, Md. 4-11-67 NAME (Type) John Kehoe, M.D. Health may Address (Street city town or county) 23b DATE THEREOF 256 BURAL CREMATION. 0 REMOVAL (Specify) FUNERAL DIRECTOR VR A 15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05606 05606 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY Prince George's
b (ITY OR TOWN (If outs de carparate limits, Maryland Prince George's MARYLAND delay c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate i mits, write RURA, and give nearest tawn) write RURAL and give nearest town) DOA Cheverly Bowie d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADORESS e IS RES DENCE ON A FARM YES NO DE 3904 Craydon Lane Prince George General Hospital 3 NAME OF Midd e 4 DATE Month DECEASED 8 Give Lawrence Phillip Fern DEATH 7 MARRIED TO 6 COLOR OR RACE NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IF UNDER lost birthdov) Months white WIDOWEO OIVORCEO F 5-2-1913 100 USUAL OCCUPATION (Give kind of work done TOP KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)

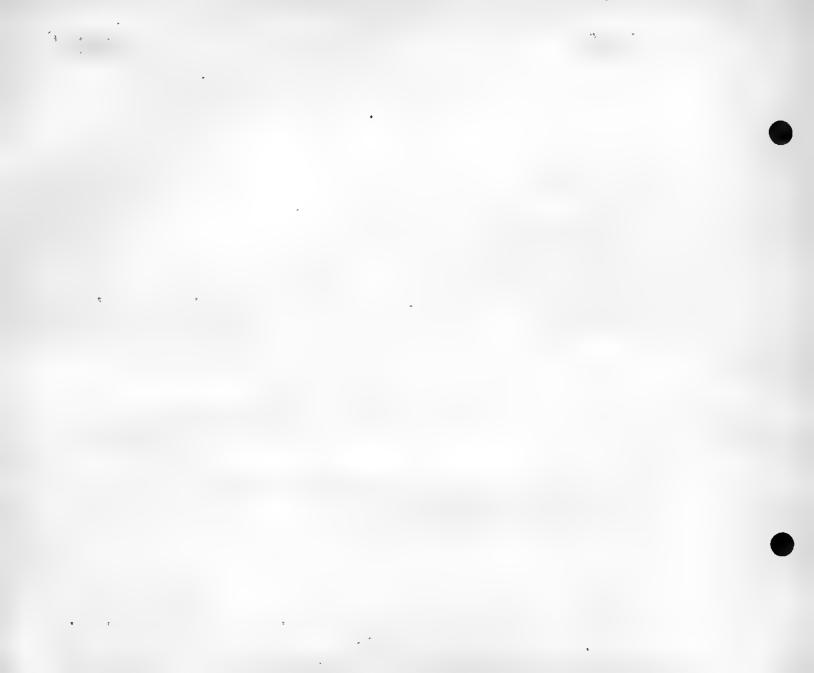
DIRECTOR of ADMINISTATION BU OF MEDICINIZ, U.S. COUNTRY? KANSAS ward "pending" in pencif in the Chief Medical Examiner's 13. FATHER'S NAME MARY Mc. CORMICK JAMES FERN 510-03-8952 MAXINE J. FERN SAME AS within 72 IS WAS DECEASED EVER N U.S. ARMED FORCES?
(Yes, no or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Heart failure please execute the certificate, writing the ward directar Page 4 shauld be farworded to the Ch DUE TO Arteriosclerotic heart disease over 6 yrs. Conditions, if ony, which gove) rise to immediate couse (o), DHE TO stoting the underlying couse 19 WAS ALTOPSY PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) remayo! PERFORMED? CERTIFICATION NO Se 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port I of Item 18) 3 should PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 2De PLACE OF NJURY (Home, form 20f (City or town) 20c TIME OF INJURY Month, Ooy, Year 2Dd INJURY OCCURRED (County) (Stote) Not While foctory, street, office bldg, etc.) 21 | certify that | taak charge of the remains described above held an Autopsy | , | Inspect on | 🛣 | Inquiry | 🛣 | and in my apinion death resulted fram Natural puses [A Accide] Surcide] Hamicide | Undetermined manner | may be retained FUNERAL DIREC CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral OEPUTY MEDICAL EXAMINER 😓 John Kehoe, M.D. Riverdale, Md. Address (Street city town or rounty) 230 NAME OF CEMETERY OR CREMAJORY 23c LOCATION (Lity or Town) 23b OATE THEREOF 230. BURIAL, CREMATION, (County) APRIL 26,1967 WASHINGTON NATIONAL W. W. CHAMBERS. Co. RIVERDALE, MD 250 REC D BY REG STRAR 2Sb REGISTRAR S SIGNATURE VR A15ME (5) Menlas Judge 6M 1/67 APR 2 8 1967

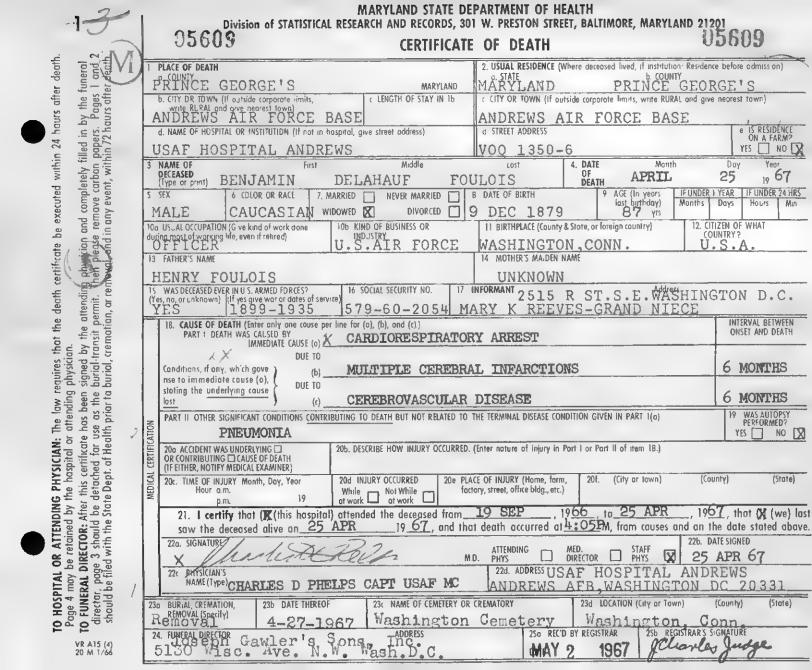


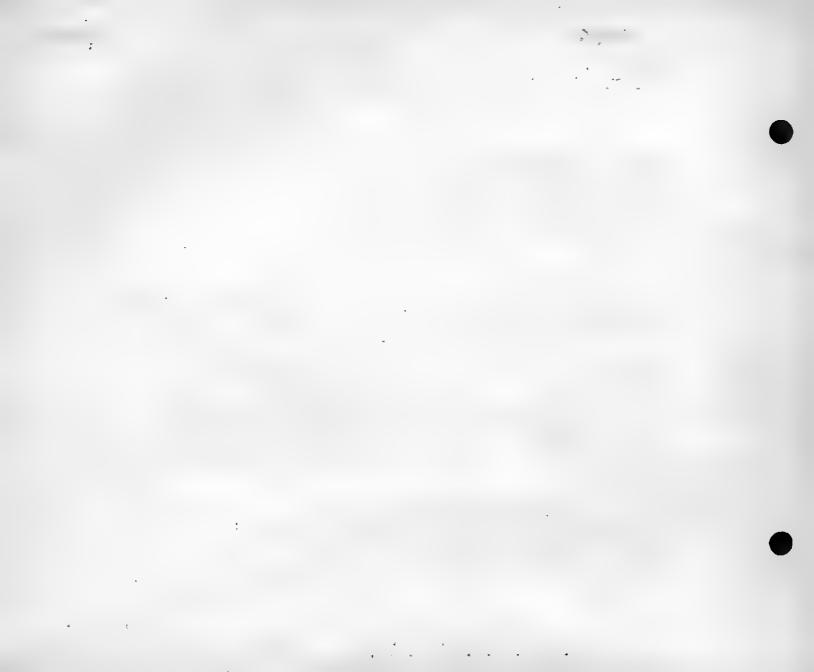
	Items 18821 Film 389 MARYLAND STATE DEPARTMENT OF HEALTH 6-19-67 ams division of vital records, 301 W. Preston street, Baltimore, MARYLAND 21201	
FOR STATE	05607 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT. ∴ ₽ 8 %	1. PLACE OF DEATH a. COUNTY Prince George's MARYLAND 2 USUAL RESIDENCE (Where deceased lived, f institution a state of county District of Columbia	odmission)
2, and 3 PM3. Pa	b CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town) c LENGTH OF STAY IN 16 (CTY OR TOWN (If outside corporate limits, write RJRAL and give nearest town)	own)
	Riverdale Washington d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital give street oddress) d STREET ADDRESS e	S RESIDENCE ON A FARM?
Give Pages 1, ong with form	5810 Cleveland Street 543 23rd, Place, N.E. 7ES 3 NAME OF First Middle Lost 4 DATE Month Doy	
after death 8. Give Page along with the Stat	DECEASED (Type or point) Mary Durham Fields OF DEATH 4 16	19 67
after deals. Give P. along w. with the S.	last birthday) Months Ooys	FUNDER 24 HRS Hours Man
Hours Hem 1 Office I and 2 er death	On USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OE VI during most of working life, eyen if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 COUNTRY?	VHAT E
thin 24 moot in moners pages urs afte	Domestic North Carolina USA 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME 14. MOTHER'S MAIOEN NAME	
with pen came can be care bear thaut	Samuel G. Durham Nancy Wyche IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
xecuted wit nding" in pe Medical Exar permit. File with:n 72 ha	S WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAE SECURITY NO. 17. INFORMANT Address Mrs. William Boggs-Sister-543	23rd
MINER: This certificate shauld be executed within 24 haurs after death. If the certificate, writing the ward "pending" in pencil in Item. 18. Give Pages 1, 4 should be farwarded to the Chief Medical Examiners Office along with form in files. e. 3 shauld be used as a burial-transit permit. File pages land with the State of an any event within 72 haurs after death.	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERI	VAL BETWEEN T AND DEATH
is certifite, writtiforward	PART III OTHER S CRIEK ANT CONDITIONS CONTRIBITIONS TO DEATH RIT NOT RELATED TO THE TERM AND DISEASE CONDITION CIVEN IN PART 1/01	AS AUTOPSY ERFORMED?
EXAMINER: This certilitate, writing the certificate, writing age 4 should be forwary your files. Page 3 shauld be used cremation, or remaval,	PE YES. 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF TAX OF INJURY OCCURRED (Enter noture of in ury in Port I or Port I of tem 1B) 200 TME OF INJURY Month Day, Year While Not While foctory, street, office bidg., etc.) PE YES. 200 EXTERNAL CAUSE WAS PRIMARY OF INJURY OCCURRED (Enter noture of in ury in Port I or Port I of tem 1B) (County)	
AL EXAMIN xecute the Page 4 sh far your fill DR:Page 3 s	p.m. 17 atwork 🗀 j	(Stote)
	21 I certify that I took charge of the remains described above, held on Autopsy 😓 , Inspection 🔁 , Inquiry 🔁 , and in death resulted from: Natural gauss 🖾 Accident 🔝 , Suicide 🔝 , Hamicide 🚍 , Undetermined monner	n my opinion
<u> </u>		. DATE SIGNED
o DEPUTY In necessary, plan the funeral of Funeral of Funeral Hearth prar	NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street city, town, or county) 4-17	-67
TO DI The S mi	230 BUR AL FREMAT ON 23b DATE THEREOE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) BREMOVE Profey) 4/20/674 Lincoln Memorial Ceme Maryland	(Stote)
VR A15ME (5)	24 EUNERAL G.RECTOR TOWN TO STEWART STEWART FUNDER AND REAL STEWART FUNDER ALL STEWART FU	Judge
OM 1/0/	ISTEWART / FUNERAL HOME=4UUL KENNING ROAGLNUKSIN AU NUU /r	1 (1



MARYLAND STATE DEPARTMENT OF HEALTH







MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institute e. COUNTY PRINCE GEORGE MERYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) DAY ALEXANDRIA FORCE BASE ANDREWS ATR d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? USAF HOSPITAL ANDREWS 303 Princeton Blvd YES NO 2 3. NAME OF First Middle 4. DATE DECEASED OF 1967 FROST ROBERT APRIL (Type or print) DEATH 6. COLOR OR RACE 7, MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (in yeers IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) MALE WIDOWED [DIVORCED [5.5 JUN 100. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) H.S.A. U.S.AIR FORCE . FORT DODGE, IOWA OFFICER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY L. FREDERICK R FROST 15, WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) ! (If yas grva war or dates of service) WIFE, SAME AS # RET -1960 18. CAUSE OF DEATH [Enter only one cause per kine for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH Respiratory PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Metastatic CARCINOMA Conditions, if any, which gava rise lo immadiala causa DUE TO (e), stating the underlying cause last. PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, [Enter nature of injury in Perl I or Part II of Item 18.) IF EITHER, NOTIFY MEDICAL EXAMINER 20a, PLACE OF INJURY (Homa, farm.) (County) (State) 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED 20f. (City or town) factory, straet, office bldg., atc.) Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from APT. 8, 1967, to APT. 96.7, that (I) (we) last saw the deceased alive on Apr 9 Ad that death occured at 1.34M, from the causes and on the date stated above. 22b. DATE 22a. S GMATURE SIGNED ATTENDING I PHYS. PHYS. 10 Apr 1967 22d. ADDRESS Hospital Andrews MITCHELL, CAPT Andrews AFB, Wash DC 20331= 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Spacify) Arlington, Virginia 3April 1967 Arlington National Alexandresa. Virginia 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 1SM 7/61 Everly-Wheatley Funeral Home



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05611 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Prince George's Maryland Prince George's P.M.3. Page MARYLANO Stote Department b CITY OR TOWN (If outside corporate .im ts, write RURA. and give nearest town)

Cheverly c CITY OR TOWN (If outside corporate imits, write RURAL and give negrest town) C LENGTH OF STAY IN 16 DOA Clinton d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENC along with form ON A FARM Prince George's Hospital NO SE 9425 Michael Drive 4 DATE OF 3 NAME OF Middle Lost Year DECEASED Frederick April Marion GIVE Frye (Type or print) DEATH IF UNDER 1 YEAR B OATE OF BRIH AGE (In years 5 SEX 6 COLOR OR RACE 7 MARREO TO NEVER MARRIED | last birthdoy) Hours Item 18 white Aug. 31, 1895 male Wicoowed OIVORCEO. 72 hours ofter deal 106 KIND OF BUS NESS OR 11 B RTHPLACE (State or fareign country) 12 CIT ZEN OF WHAT 10a USUA, OCCUPATION (Give kind of work done Virginia (PUNERY? A. INDUSTRY be executed within 24 ⊆ ef Medical Examner's 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME William Martin Frye Florence Magnolia Matthews 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address permit. I (Yes, no, or unknown) (If yes give war or dates of service) Allen 5. Frye-1326 Canyon Rd. Silver pending" within 577-56-9403 IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I DEATH WAS CAUSED BY: ONSET AND DEAL any event Heart failure IMMEDIATE CAUSE (o). This certificate should writing the word DUE TO 200 (and tions if any, which gave 16 years the tertificate, writing to the Arteriosclerotic heart disease rise to immediate couse (a), .⊆ **OUE TO** stoting the underlying couse рив lost. 19. WAS AUTOPSY PERFORMEO? cremotion, or removal, PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL O SEASE CONDITION GIVEN IN PART 1(a) NO X 200 EXTERNAL CAUSE WAS 20b OESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part 1 of tem 1B) 3 should PRIMARY D or CONTRIBUTING D CAUSE OF OEATH. MEDICAL 20f (City or town) 20s, PLACE OF .NJURY (Home, form (Stote) 20c. TIME OF INJURY Month, Ooy, Year 20d. INJURY OCCURRED (County) Hour o.m. foctory, street, office bldg, etc.) Not While at work 21 I certify that I took charge of the remains described above, held an Autopsy , Inspect on x Inquiry **x**. ond in my opinion FUNERAL DIRECTOR: hatural couses on Accident Suicide . Undetermined manner deoth resulted from: Homic de be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE 4-29-67 OFPUTY MEDICAL EXAMINER X **EXAMINER'S** John Kehoe, M.D. moy Hea1th APTENETH AT EDWD, MCFURLY NAME (Type) 23a BUR AL CREMATION, 23c NAME OF (EMETERY OR (REMATOR) 23d LOCATION with or Town) (County) Stote) REMOVAL (Specify) Suitland, Washington National em. Hines Company 250 REC O BY REG STRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15ME (5) washin ton, 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. CDUNTY a. STATE Pages 1 urs after (FECRBES MARVLAND hours after FEORGES INCE INCE MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) n and completely filled in by remove carbon papers. Pag rany eyent, within 72 hours BRENTWOOD BRENTWOOD d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 24 3900 REE NO M YES | executed within 3. NAME DE DATE Month Day Year First Middle DECEASED DF DEATH APRIL 181 1967 (Type or print) 45 RTRUDE RBON AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS | last birthday) | Months | Days | Hours | Min. SEX DATE OF BIRTH 6. COLOR OR RACE NEVER MARRIED X 9. 7. MARRIED 23 FAUCASIAN WIDDWED I DIVERCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT physician an please r 11. BIRTHPLACE (County & State, or foreign country) The law requires that the death certificate be during most of working life, even if retired) COUNTRY? INDUSTRY BNNA. ERN attending physical sermit. Then ple on, or removal, a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BBONS NHO RESA Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT the attendit (Yes, no, or unkown) ((If yes give war or dates of service) MOT SAME MARGARET ial-transit permital, cremation, o NONF CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: hospital or attending physician. IMMEDIATE CAUSE (a) been signed the burial-transport to burial, cre DUE TO Conditions, If any, which gave rise to immediate **DUE TO** cause (a), stating the prior underlying cause last. has as 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) for use Health PERFORMED? certificate YES [NO X PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this cerum detached for DESCRIBE HOW INJURY DCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) be detached State Dept. o MEDICAL 2Df. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) a After 1 Hour a.m. While Not While at work p.m. 19 at work 21. I certify that (I) (this hospital) attended the deceased from TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the the and that death occurred at M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED SIGNATURE ATTENDING X MED. M.D. DIRECTOR тау HOSPITAL ADDRESS PHYSICIAN'S NAME (Type) 22d. 22c. (State) BURIAL, CREMATION, 235, NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23a. REMOVAL (Specify) WHEATON FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR ALS (4) 20M 1/65



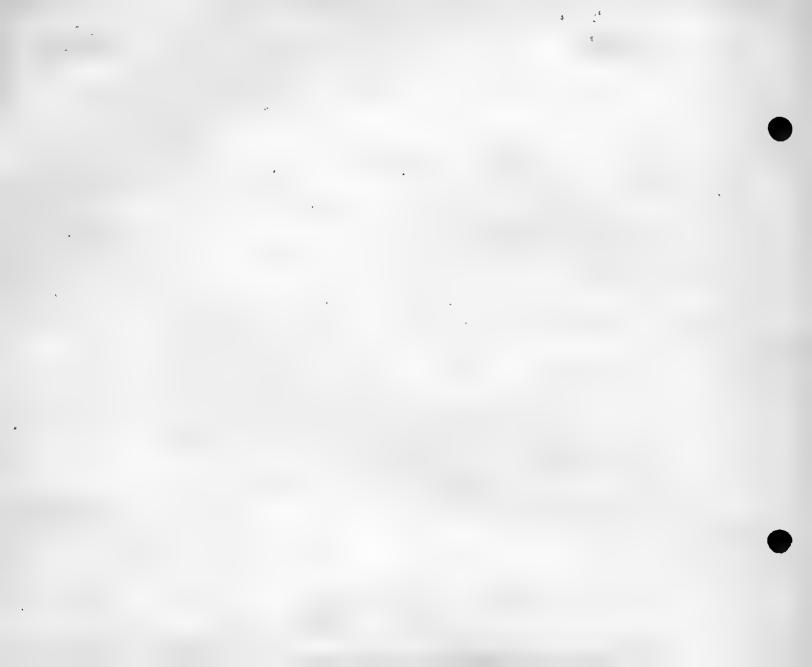
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05614 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived | finistitution | Residence before admission) 9.8 p. COUNTY o. STATE **b** COUNTY Prince George s

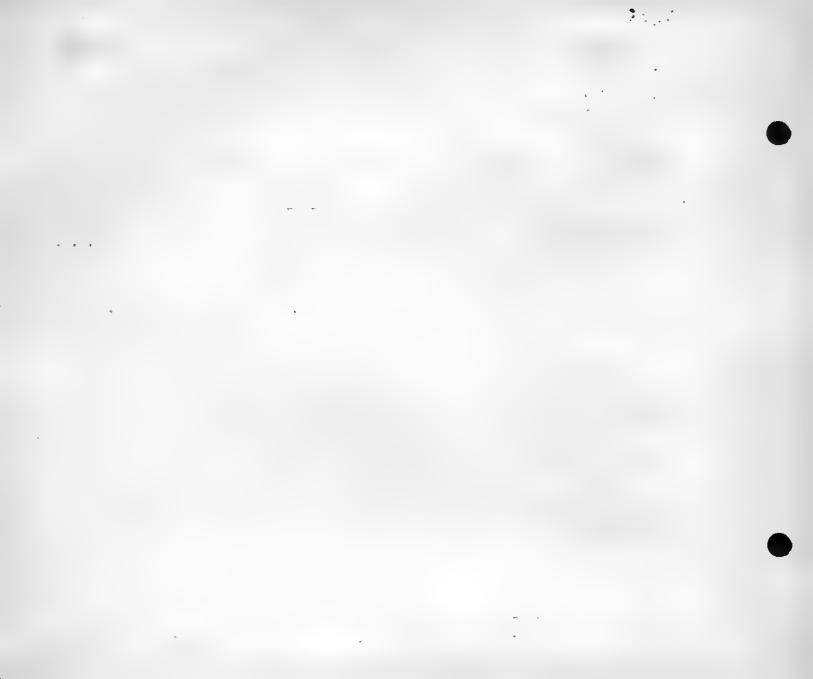
b CITY OR TOWN (If outside corporate limits, Prince George's MARYLAND Maryland he State Department c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cheverly DOA

d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) Mt. Rainier IS RESIDENCE ON A FARM? d. STREET ADDRESS Office along with farm **Give Poges** Prince George General Hospital 4229 30th. Street NO 🗔 3 NAME OF Lost 4 DATE Month DECEASED (Type or print) Anthony Gillis DEATH Robert S SEX 6 COLOR OR RACE 7. MARRIED 9 AGE (In years NEVER MARRIED lost birthdoy) Months Dovs in ony event within 72 hours ofter death WIDOWED DIVORCED 24-0ct. 1918 White Male 100 SUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired-Salesman 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY St. Joseph, Missouri Milestone Lig. word "pending" in pencil in the Chief Medical Examiner's 14 MOTHER'S MAIDEN NAME 13. EATHER S NAME Unknown Unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes a ye war or dates of service) 494-30-7526Mrs. Virginia Gillis (above address Wife 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Heart, failure This certificate should writing the word over 3 mo. Arteriosclerotic heart disease Conditions, if ony, which gove : use to immediate couse (a). be forwarded to DUE TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) removol, NO SE 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter noture of injury in Port or Part II of item 18.) 3 shauld should PRIMARY Or CONTRIBUTING CAUSE OF DEATH. crematian, MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm 20f (City or fown) (County) foctory, street, office bldg , etc.) of work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inspection , Inquiry and in my opinion deoth resulted from: Motural causes 🔭 . Accident 🗍 Suicide . Homic'de Undetermined monner funeral director CHIEE MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER 4-5-67 NAME (Type) John Kehoe, M.D. Riverdale, Md. 5 may b TO FUNER Health Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATI Fort Lincoln Com. Colmar Manor, Md. Nalley's Funeral Address Mt. Hainier's Recountry Religion Maryland APR 10 1967 Peliantes VR A15ME (5) Inc. 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05615 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) b COUNTY Prince George a. COUNTY Prince George Maryland tely filled in by the further form the form the form the form of t MARYIAND requires that the death certificate be executed within 24 haurs after b CITY OR TOWN (If autside corparate limits, CLENGTH OF STAY IN 15 c CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest tawn) Hyattsvilleve necrest town) Hyattsville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 4208 Farragut Street 4208 Farragut Street NO PE 3 NAME OF camban Widdle 4 DATE April CATHARINE GLOVER 26, Doy camphately DECEASED (Type or print) DEATH lease rentang co AGE (In years 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 되다 birthday Months Days Hours White Feb. 9, 1882 Female WIDOWED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT dame most of working life, even if retired) TT COUNTRY OWWYYHome New York please 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME cremation, ar remayal, Catharine Conklin Judson Wakeman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, go, or unknown) (If yes give war ar dates of service) 525 54 4048 Mrs. Catharine Marsden Same as #2 (daught INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. signed by the burial-transit p ONSET AND DEATH conary IMMEDIATE CAUSE (a) DUE TO ortenor clerosii Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause the has been last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO DO YES | TO FUNERAL DIRECTOR: After this certificate 20g ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) TIME OF INJURY Manth, Day, Year factory, street, affice bldg , etc.) Not While at wark at work be retained by 1964 to 4-26 21. I certify that (I) (this hospital) attended the deceased fram. 1967, that (1) (we) last 11-18 1967, and that death occurred of TA, M, fram couses and on the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 22a SIGNATURE PHYS DIRECTOR PHYS. M.D. directar, page should be filed ADDRESS 22c. PHYSICIAN S RCHNER NAME (Type) 23b, DATE THEREOF 4/28/67 23c. NAME OF CEMETERY OR CREMATORY Pohick Church 23d 10(ATION (City or Town) 23a BURIAL CREMATION (County) Bulle (Specify) 250 REC'D BY REGISTRAR **ADDRESS** 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Francis Gasch's Sons Hyattsville, Md. VR A15 (4) 20 M 1/66





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Prince Georges Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) on papers. Pag within 72 hours Brandywine unknown Brandywine ≘ filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? Residence. Box 276 A. Rt 276A Route Brandywine No.K etelv carbon NAME OF Middle Last Year DECEASED OF DEATH completed ve carb event, a 1967 Gladys Melvina Graff (Type or print) executed 5. SEX 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS DATE OF BIRTH 7. MARRIED Y NEVER MARRIED last birthday) Months in any (Days White female WIDOWED DIVORCED [AUQ. 30,1892 74 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT Invircian in please r 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? U.SA. Housework Dwn Home Deltaville. Va. certificate attending hypermit. Then ple 13. FATHER'S NAME MOTHER'S MAIDEN NAME (unknown) Melvina Aaron Backson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1301Adresinell Rd. 16. SOCIAL SECURITY NO. 17. INFORMANT After this certificate has been signed by the attem be detached for use as the burial-transit permit. State Dept. of Health prior to burlal, cremation, or in death (Yes, no, or unknyn) (If yes give war or dates of service) 11/1///// Unknown Mrs. Ella L. Burns Severna Park, Md. No INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per-line for (a), (b), and (c). law redulres that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital on attending physician. IMMEDIATE CAUSE (a DUF TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM INAL DISEASE CONDITION GIVEN IN PART 1(a) NO Z YES 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120a. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While be retained by at work L at work ATTENDING DIRECTOR: Af age 3 should I fled with the S 21. I certify that (I) (this hospital) attended the deceased from and that death occurred ato 32 M. from the causes and on the date stated above. saw the deceased alive on SIGNATURE DATE SIGNED 22b. 22a. ATTENDING PHYS. DIRECTOR PHYS. Page 4 may Ba FUNERAL 22d. ADDRESS director, p should be PHYSICIAN'S NAME (Type) BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23b. REMOVAL (Specify) 4/28/67 Glen Haven Mem'l Park Glen Burbie. Md. Burnial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1967 VR A15 (4) R.V. SINGLETON. GLEN BURNIE. 15M 4-64



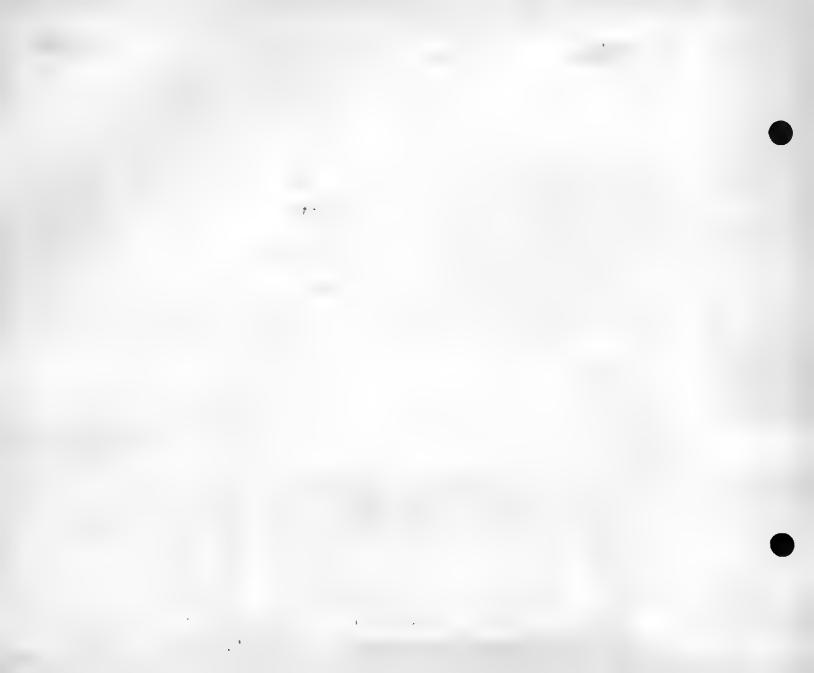
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05618 CERTIFICATE OF DEATH 05618 The law requires that the death certificate be executed within 24 hours after death attending physician and completely filled in by the funeral permit. Then please remove corban papers. Pages 1 and on, or removal, and in any event, withing 72 hours afterdead PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO F NAME OF Middle 4. DATE Month FIFS1 Lost Doy Year DECEASED OF DEATH oraham 196 (Type or print) IF UNDER 24 HRS IF UNDER 1 YEAR SEX DATE OF BIRTH AGE (in veors 6 COLOR OR RACE 7 MARRIED iost pirthday) Months Hours WIDOWED DIVORCED 100 JSBAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT dunna most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address permit. (Yes, no, prunknown) ROS 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) ģ physician. DUE TO signed buriol, Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse be retained by the hospital or ottending Page 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been should be detached for use as the with the State Dept. of Health prior to lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? MEDICAL CERTIFICATION NO YES 200 ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20e, PLACE OF INJURY (Home, form, (City or lown) (County) (Stote) 20d INJURY OCCURRED Hour o.m. foctory, street, office bldg., etc.) Not While 19 ot work ot work 21. I certify that (I) (this haspital) attended the deceased fram and that death accurred ay 2:3 Ca.M. from causes and an the date stated above saw the deceased alive an. 22a SIGNATURE 22b. DATE SIGNED ATTENDING PHYS DIRECTOR PHYS. page 3 be filed 22d ADDRESS PHYSICIAN'S NAME (Type) director, should 23C NAME-OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) uria 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 35613 requires that the death certificate be executed within 24 haurs after death the attending physician and campletely filled in by the funeral sit permit. Then please regions carban papers. Pages I and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) b. COLNTY o. COUNTY a. STATE MARYLAND b. CITY OR TOWN (If autside carparate limits.)
write RURAL and give nearest tawn) c CITY OR TOWN If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) within 72 YES NO X DATE Day NAME OF Year DECEASED 196 _3 DEATH (Type or print) AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS S SEX 7 MARRIED DATE OF BIRTH 6 COLOR OR RACE NEVER MARRIED Manths Hours Days WIDOWEO DIVORCEO 12. CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 10b KINO OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) COUNTRY? during most of working life, even if retired), INOUSTRY HOUSE Wi 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Corn INFORMANT IS. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 20031 (Yes, no, or unknown) (If yes give war or dates of service 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b). INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. OEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which gave rise to immediate cause (a). DUE TO stating the underlying cause as the prior to b 10 HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending 10 FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO fo 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200 ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED factory, street, affice bldg., etc.) Not While at work at work . 19.67, ta 41-13 , 1967, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram_ 2-27 Z and that death accurred at 11:38 M, from causes and on the date stated above saw the deceosed alive on_ 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN NAME (Type) directar, should b 23a BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOI 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) OATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05620 CERTIFICATE OF DEATH death. ped in by the funeral apers. Pages 1 and 2 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o. STATE **b.** COUNTY 24 hours after MARYLAND 'arvland Prince Hor 43 b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 15 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give negrest town) Javs Prentwood d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 15 RESIDENC d STREET ADDRESS ON A FARM? NO requires that the death certificate be executed within 3. NAME OF Middle DATE Year DECEASED Type or print) DEATH 19 the attending physician and campl sit permit. Then please remaye c IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** DATE OF BIRTH last birthday) Months Hours X and in any WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. Box HPLACE (County & State, or foreign country) 12 CITIZEN OF WHA! during most of working life, even if retired) COUNTRY? **INDUSTRY** Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remayal, JERMIAH GREEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) <u>6</u> 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). burial-transit PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO signed Conditions, if any, which gove rise to immediate cause (a). **DUE TO** stating the underlying cause has been iost 19. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? NO this certificate 20o ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour am. factory, street, office bldg, etc.) Not While at wark O FUNERAL DIRECTOR: After at wark L 21. I certify that (1) (this haspital) attended the deceased fram. be retained shauld saw the deceased alive an . and that death accurred at 6 3. M. from causes and an the date stated above. 22g SIGNATURE **DATE SIGNED** STAFF M D DIRECTOR director, page shauld be filed 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) 23g BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Stote) Page REMOVAL (Specify) MT. OLIVET CEMETERY WASHINGTON, D. PURTAL 24. FUNERAL DIRECTOR 25g REC'D BY REG STRAR VR A15 (4) 25M 1/67 3015-12 di 714



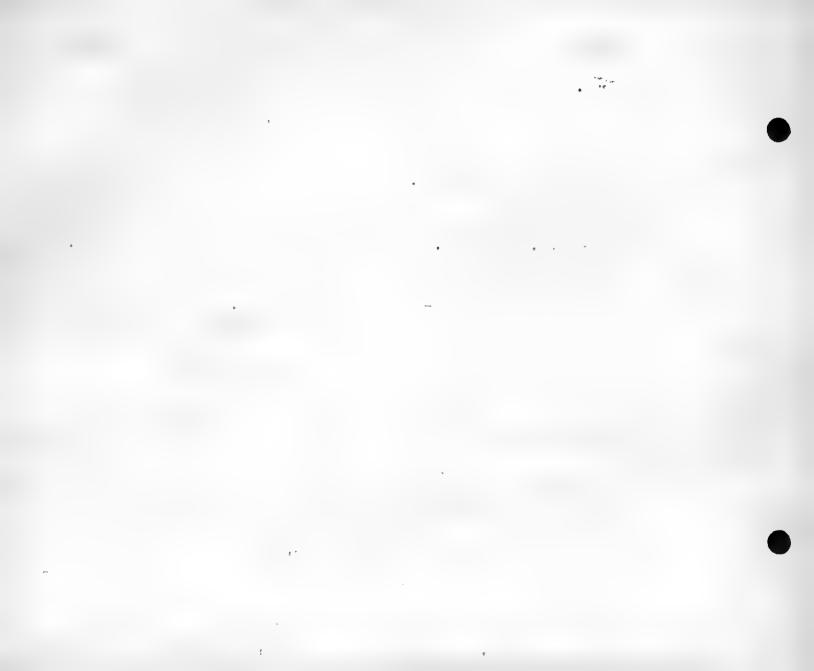
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE o. COUNTY **b** COUNTY the State Department of Prince George's MARYLAND Marvland b CITY OR TOWN (If cutside corporate limits, c CITY OR TOWN (floutside corporate imits write RURA, and give nearest town) CLENGTH OF STAY IN 15 write RURAL and give negrest town) Cheverly Lanham e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street oddress) d STREET ADDRESS the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 4 shauld be farwarded to the Chief Medical Examiner's Office mlang with farm NO 💢 YES in Item 18. Give Pages Prince George General Hospital 7414 Wilhelm Drive 4 DATE Year M ddle Manth DECEASED OF William 67 (Type or print) Elbert Grover DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 8 DATE OF BIRTH 9 AGE (In years 6. COLOR OR RACE 7 MARRIED . NEVER MARR ED ast birthday) Months in any event within 72 haurs after death. WIDOWED DIVORCED 2-6-1901 male white 10a US_AL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fare an country) 12 C TIZEN OF WHAT during most of working life, even if ret red) COUNTRY? **NDUSTRY** MOTION PICTURE, INDY WASHINGTON, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within SAUER ROUER LILIAN MRS MARION T. GROVER Address 16 SOCIAL SECURITY NO SAME AS (Yes, no, or unknown) (If yes give wor or dotes of service) 577 07 6158 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart failure Arteriosclerotic heart disease over 1 yr. Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse 19 WAS AUTOPSY PERFORMED? PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) or remayal, NO PC Diabetes - over 18 yrs. 206 DESCRIBE HOW NURY OCCURRED (Enter nature of nury in Part I or Port I of Item 18) 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH. crematian, 20d INJURY OCCURRED 20e PLACE OF .NJURY (Home, ta.m. 20f (City or tawn) (Caunty) 20c I.ME OF INJURY Month, Day, Year Not While Hour o.m. foctory, street, office bldg , etc.) ot work Inspect on X. Inquiry X 21 I certify that I took charge of the remains described above held an Autopsy and in my apintan Natural causes 7. Act dent Suic de death resulted from: Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER may be re FUNERAL (SIGNATURE DEP TY MEDICAL EXAM NER NAME (Type) John Kehoe, M.D. Riverdale, Md. Address Street city town a county: 23c NAME OF CEMETERY OR "REMATTR" 235 DATE THEREOF CEDAR HILL MARYLAND W. W. CHAMBERS, CO. RIVERDALE, MARYLAND. SO REC D BY REG TRAR 25b. REG STRAR S SIGNATURE Johnster Judge VR A15ME (5)1



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE ML. b. District of Columbia b. COUNTY MARYLAND Prince Georges
b. CITY OR TOWN (If outside corporate limits, attending physician and completely filled in by the permit. There was semave carban papers. Pages on a removal offdin any event, within 72 haurs aff c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) Washington: District of Columbia Cheverly 17 days d. NAME OF HOSPITAL DR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Prince Georges General Hospital 1602 - 61st St., S.E. YES NO X 3 NAME OF Middle Doy DECEASED (Type or print) Grubbs Charles DEATH April 1 S SEX 6. COLDR OR RACE 7 MARRIED 3030 B. DATE OF BIRTH 9. AGE (In yeors **NEVER MARRIED** 4 lost birthdoy) Months Hours WIDOWED DIVORCED Male White 5/10/17 100 SUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or for ig country) 12 CITIZEN OF WHAT during most of working the even threwellerk INDUSTRY U.S.A. Force Clark Co. Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Luther L. Grubbs Elizabeth E. Tavener 16 SOCIAL SECURITY NO. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT burial-transit permit. (1478 give wor or date of service) 579-09-6989 Irens D. Grubbs Same As #2 crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Brochopneumonia - bilateral IMMEDIATE CAUSE (o)_ ٩ DUE TO signed burial, Conditions, if ony, which gove Pulmonary edema rise to immediate couse (a). DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the priar tal Henatic failure (clinical) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? use of Health NO ă 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached 1 (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While OR ATTENDING ot work 21. I certify that (1) (this region) attended the deceased fram MARCH 26, 1967, to April 12, 1967, that (1) (see last saw the deceased alive on April 12 1967, and that death occurred at 10:30M, from causes and on the date stated above. 220. SIGNATURE 22b. DATE SIGNED MEDAM ATTENDING (9-11 WEMD. PHYS XXXXX 22d ADDRESS DIRECTOR PHYS. director, page should be filed 22c. PHYSICIAN S NAME (Type) Mark Pillor, M.D. 7200 Marlboro Pike, District Hgts, Md 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) SPECIFY) 4/17/1967 Cedar Hill Suitland Prince Geo. Md. 2 250. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR W.W.Chambers Co. Inc. 517 11th St. S.E. Wash.D. CMAPR VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 n5623 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAPE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE b_COUNTY Prince Gaorges Prince George MARY, AND c CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town. b CTY OR TOWN (If outside corporate (mits, write RURAL and give nearest town) c . ENGTH OF STAY IN 16 64 days Lanham Mt. Rainier d NAME OF HOSPITAL OR INSTITUT ON (It not in hospital give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, I director Page 4 should be forwarded to the Chief Medical Examiner's Office alope with, form Magnolia Gardens Nursing Home 3727 36th St NO S 3 NAME OF First Lost 4 DATE DECEASED William Gscheidle 19 67 (Type or print) DEATH FUNDER LYEAR 7 MARRIED TO 90 lost b rthdoy) 6 COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH Months 24 Dec., 1876 any event within 72 nours after death WIDOWED DIVORCED | 100 SUAL OCCUPATION (Givek nd of work done during most of working life, even if retired)
Retired - U.S.Govt. Dep. Agriculture 1) BIRTHPLACE (State or fore an country) 12 CITIZEN OF WHAT Penna. This certificate should be executed within 24 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME Emma Schelle William Gscheidle IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes no or unknown) (If yes give wor or dotes of service) Mrs. Rose E. Gscheidle (above add-217-52-6049 ressi 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c))
PART I DEATH WAS CAUSED BY
THE PROPERTY FOR INTERVAL BETWEEN Heart failure IMMEDIATE CAUSE (o). DUE TO Conditions if any, which gove 3 Arteriosclerotic heart disease Over 10 w nse to immediate cause (o), **DUE TO** stating the underlying cause PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPSY PERFORMED? Intertrochante ic fracture of left femur NO X 200 EXTERNAL CAUSE WAS PR MARY ☐ or CONTRIBUTING ☑ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Fell in living room of home CAUSE OF DEATH 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form) 20f (City or town) (County) 20c TIME OF INJURY Month, Dov. Year foctory, street, office bldg , etc.) 1619 67 of work of work Same as #2 21. I certify that I taak charge of the remains described above, held an Autopsy [], Inspection [x], Inquiry [x], and in my apinion FUNERAL DIRECTOR: death resulted fram, A Natural causes A Accident *77. Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAM NER Health prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 4-28-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** John Kehoe, NAME /Type) Address (Street city town, or county) 230 BUR AL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specific, Burial Colmar Manor, Md.
REGISTRAR T 256 REGISTRAR S SIGNATURE Fort Lincoln Cem. REC D BY REGISTRAR 24. FUNERAL DIRECTOR Rainier 26 Naller's VR A15ME (5) \ Funeral Home Inc.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND OF DEATH requires that the death certificate be executed within 24 hours after deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) physicion and completely filled in by the funera en please remove, carbon popers. Pages I apd b. COUNTY a. COUNTY o. STATE Prince Georges Marvland Prince Reorges MARYLAND b CITY OR TOWN (If autside carparate umits, ELENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Mt. Rainier 118 days Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d STREET ADDRESS ON A FARM? NO P Prince Georges General Hospital YES T 3. NAME OF Middle DATE Lost DECEASED DEATH (Type or print) Margaret Hageage S SEX B. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** last birthday) Manths Days Hours DIVORCED WIDOWED Female White 20 July 1887 10a USUA, OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even, firetired)
HOUSEWIT INDUSTRY COUNTRY? Lebanon 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Nasaralla Nofil Unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((if yes give war or dates of service) 36. SOCIAL SECURITY NO 17. INFORMANT Address 1627 ö No Mr. Edmond Hageage None Takoma Pir 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) NTERVAL BETWEEN (Son) buriol-transit PART I, DEATH WAS CAUSED BY. SET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse Page 4 may be retoined by the hospital or attending os the prior to O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO ō 200 ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) foctory, street, office bidg, etc.) Hour o.m. Not While 21. I certify that (1) (this hespite) attended the deceased from , 19____, to April 17__, 1967, that (I) (was) last saw the deceased alive on April 17. 1967, and that death occurred at Ana M, from causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** M.D DIRECTOR PHYS director, p∎ge should be filed 22d ADDRESS 22c PHYSICIAN S NAME (Type) 3408 Rhode Island Ave. Mt. Rainier, Md. R. Levitsky M.D. Leon 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) 23a BURIAL, CREMATION, (County) (State) REMOVAD (Specify) 20/67 Fort Lincoln Com. Colmer Manor. Md. Funeral ADDRESS Int Rainiar 250 ARS DEVRECUSTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) Maryland 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

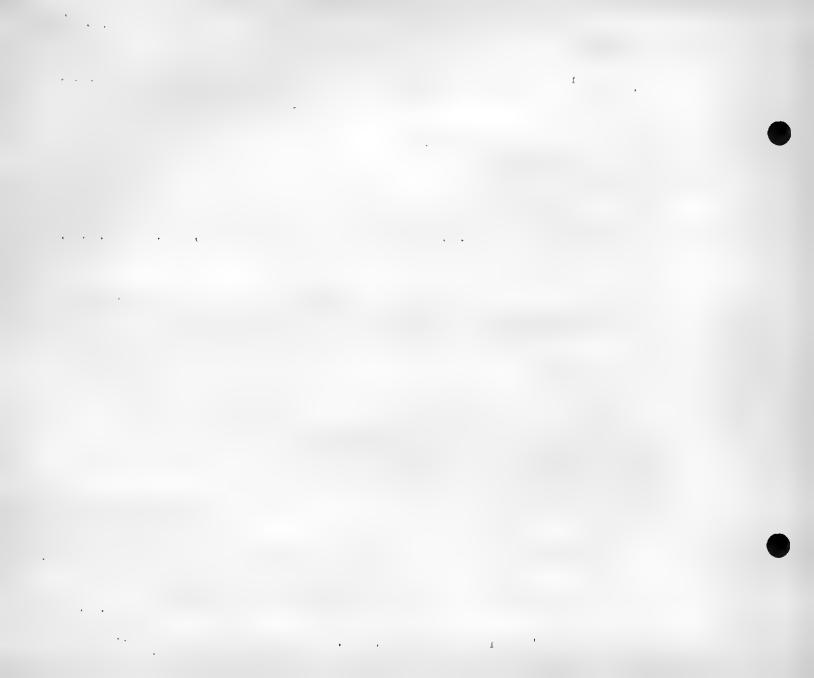
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 95625

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

05625

THE P		00000	
E 2 5 1		PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
1 open		OUNTY Prince George MARYLAND	o STATE Maryland b. COUNTY Prince Georg
es es afte	-	b CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16	c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)
Pag Pag rurs (Lannam	Glenn Dale
. E 55 E		d NAME DF HOSPITAL DR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e IS RES DENC
pape pape hin 7		Prince George General Hospital	Box 416
erbon (NAME OF First Middle DECEASED (Type or print) Henrietta Kerr	Hall OF April 6, 19 6
by the attending physician and comprehent filled in by the furthers permit Then please remaye carbon papers. Pages 1 cremation, ar remayal, and in any event, within 72 haurs after	1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SEE NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Aug. 21, 1881 9 AGE (n yeors IF UNDER 1 YEAR IF UNDER 24 Norths Doys Hours N
	10c	USUAL OCCUPATION (Give kind of work done manager file) (ib. KIND OF BUSINESS OR U. BUSINESS OR U. BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country) Prince George, Md. 12. CITIZEN OF WHAT COUNTRY?A.
ohysic en ple ival, a		FATHERS NAME Richard Henry Hall	14 MOTHER'S MAIDEN NAME Henrietta Spalding
E E			
signed by the attendin burial-transit permit burial, cremation, ar re	(Ye		ss Eva Hall Same as #2 (sister)
t pe artigi		IB CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))	INTERVAL BETWEE
by th fransit		PART I DEATH WAS CALSED BY IMMEDIATE CAUSE (o) A193X DUE TO	ONSET AND DEATH
\ alied		Conditions, if ony, which gove) (b)	
Sign P		nise to immediate couse (a),	
as been as the prior to		stoting the underlying couse (c)	
as b as as pric	-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	
firate ho far use	ATIO	advanced arterio	PERFORMED? YES \(\sum \) NO
	CERTIFICATION	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Port I or Port II of Item 18)
	MEDICAL		ICE OF INJURY (Home, form, 20F (City or town) (County) (Stot
defactor this are Dep	MED	Hour c.m. While of work of work	tory, street, office bldg , etc)
R: After uld be the Stat		21 certify that (I) (this haspital) attended the deceased fram	Ole 29, 1965, tackford 6, 196 mat (1) (we) the death occurred at 3.34, fram causes and on the date stated at
should iff the		220 SIGNATURE	22b DATE SIGNED
چ ج ≫		6th 15 Comeron	D ATTENDING DIRECTOR DIRECTOR PHYS DISPOSED 6, 67
AL DI page pe file		22c PHYSICIAN 5 NAME (Type) Don B Cameron	Nt. Rainier, Md.
NER tar, ld b			
TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the		BLRIAL (REMATION, USEMONAL) 23b. DATE THEREOF 4/8/67 23c. NAME OF CEMETERY DR Holy Trinity	Church Collington P. G. M.
/R A15 (4)		Francis Gasch's Sons Hyattsville, Md	250 RECD BY REGISTRAR 250 REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05626 PLACE OF DEATH and 2 death. after death. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY Maryland MARYLAND b. CITY OF TOWN (if outside Borporate limits, s. Pages hours aft c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Š write RURAL and give nearest town) hours Unper Marboro
d. STREET ADDRESS .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) papers. e. IS RESIDENCE filled DN A FARM? Chew. Road YES ar ND Box 3139 The law requires that the death certificate be executed within ietely rbon p 3. NAME DE DATE First Month Day Year Middle Last 4. 3 DECEASED comple trans (Type or print) DEATH 1967 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) P. A. Months ! Days Hours M WIDOWED 1Da. USUAL OCCUPATION (Give kind of work done) II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT hysiciam please r al, and in 1Db. KIND DF BUSINESS DR during most of working life, even (f retired) CDUNTRY? Maryland retired attending hy ermit. Then p m, or removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Forbes William Hall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. has meem signed by the attempt as the burial transit permit, prior to burial, cremation, or (Yes, no. or unkown) I (If yes give war or dates of service) 8608 Willow Ave, Upper Marlboro Maryland INTERVAL BETWEEN 18. CAUSE DF DEATH | Enter only one cause per line for DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) by the hospital or attending physician. DUE TD Conditions. If any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION 119. WAS AUTDPSY PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate hished for use of Health p PERFORMED? YES T ND [20a. ACCIDENT WAS UNDERLYING DEATH CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) detached f te Dept. of MEDICAL 20c. TIME OF INJURY Month, Day, Year (State) 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) be de State I Hour a.m. While Not While a.m. at work at work A P retained DIRECTOR: A age 3 should lied with the 1967, that (i) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 11 12M, from the causes and on the date stated above. saw the deceased alive pr 22a. SIGNATURE 22b. DATE SIGNED page M.D. DIRECTOR 4 may FUNERAL PHYSICIAN'S ADDRESS director, p should be t LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. DATE THEREOF ERY OR CREMATORY 23a. REMDVAL (Specify) $\underline{\circ}$ Washington, D.C. Olivet Cemetery REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 25a. Serviowashington. D. C. VR A15 (4) uneral 2DM 1/65

oad no

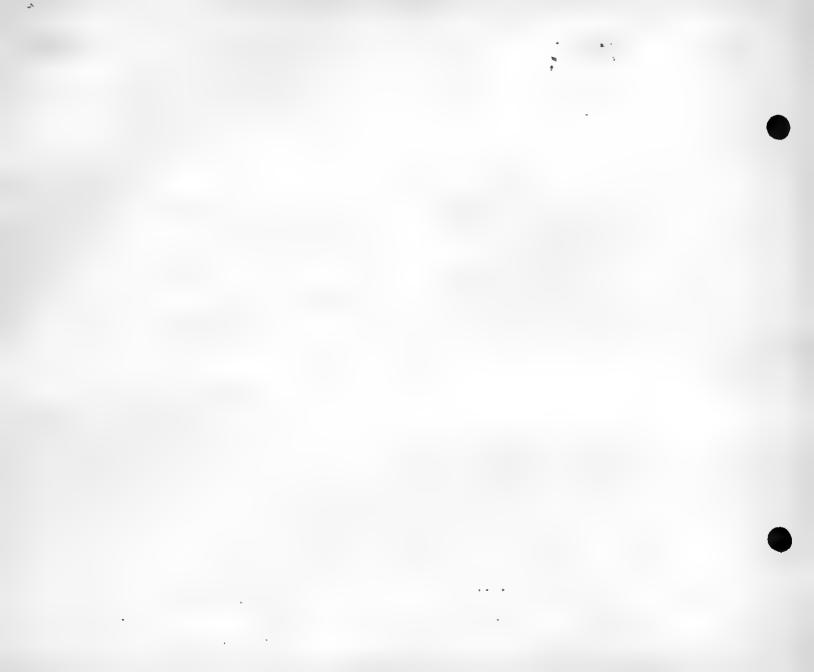
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05627 he low requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission PLACE OF DEATH b. COUNTY a. COUNTY Prince (TEDRGES Georges MARYLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn) NTON e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS CENTS05916 NO 🔽 NAME OF Year DECEASED OCTAVIA 19 6 DEATH 9. AGE (In years DATE OF BIRTH SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) WIDOWED DIVORCED removal, and in ony 10a US_AL OCCUPATION (Give kind of work dane during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) COUNTRY? INDUSTRY 14. MOTHER S MAIDEN NAME 13. FATHER'S NAME 17. INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war or dates of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), PART I. DEATH WAS CAUSED BY: buriol-transit IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave nse ta immediate cause (a), DUE TO stating the underlying cause Poge 4 may be retoined by the hospital or attending as the this certificate hos been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO 5 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) 20d INJURY OCCURRED 20¢ TIME OF INJURY Month, Day Year factory, street, affice bldg., etc.) TO FULLERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from Jan. 30 . 19 67 that (I) (we) last 1967, to Albri'l 29 saw the deceased olive an April 29 , 1967, and that death occurred at 925M, from causes and an the date stated above. 22b. DATE SIGNED 22g. SIGNATURE DIRECTOR PHYS. 22d. ADDRESS AND PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23g. BURIAL, CREMATION, Burial (Specify) Virginia 25b. REGISTRAR'S SIGNATURE Bl and 5/2/67 Bland Cemetery 250 REC'D BY REGISTRAR ADDRESS Lth & Mass 24. FUNERAL DIRECTOR Ocharles VR A15 (4) 20 M 1/66 J. Wm. Le e & Sons

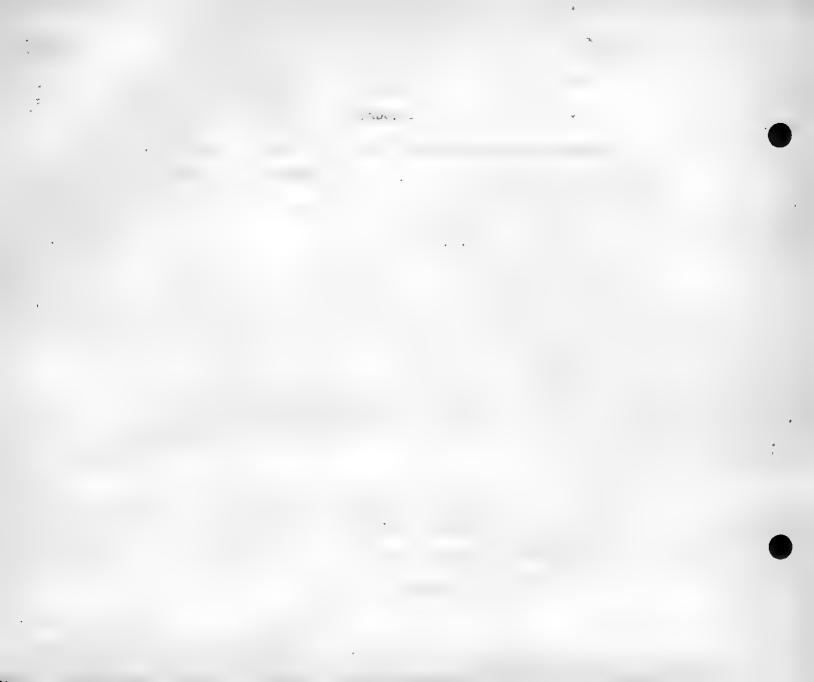
MARYLAND STATE DEPARTMENT OF HEALTH



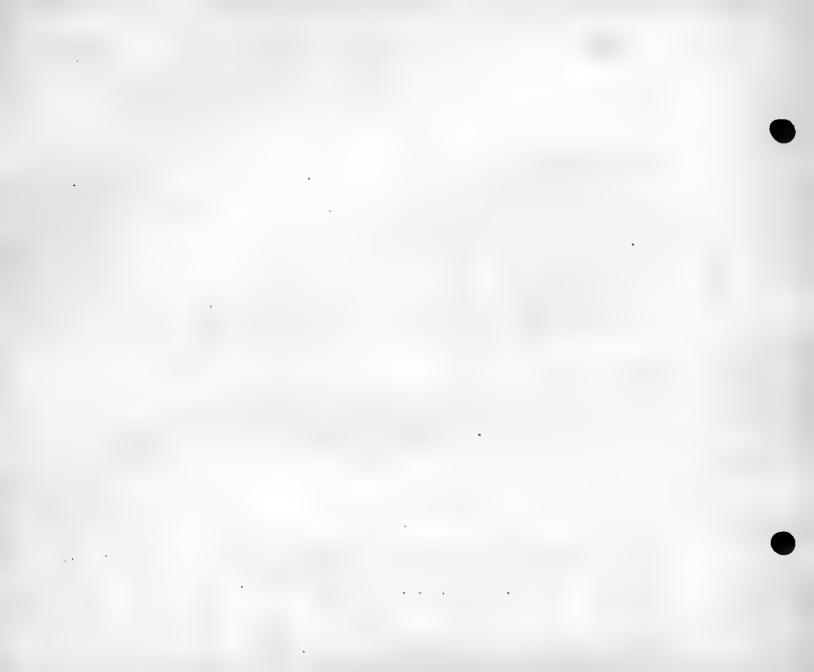
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o. COUNTY o STATE b. COUNTY Prince George's Maryland Prince George's MARYLAND b CITY OR TOWN (If outside corporate I muts, c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) P.M3. write RURAL and give nearest town) Cheverly DOA Hillside d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street oddress) ON A FARM? d STREET ADDRESS with form 52nd Avenue NO X in Item 18. Give Poges Prince George's General Hospital be executed within 24 hours ofter death NAME OF 4 DATE Month Dny Year DECEASED William Hamilton 20 19 67 Edward (Type or print) DEATH execute the certificate, writing the word "pending" in pencul in Item 18. Give or Page 4 should be forwarded to the Chief Med (al Exominer's Office along, IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARR ED B DATE OF BIRTH 9. AGE (In years Lost birthdoy) Months Hours 6-16-35 white WIDOWED within 72 hours after death D VORCED 100 LSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (State or fore an country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Gas Dtation Md 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert E. Hamilton Alice Akers 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOC AL SECUR TY NO 17 INFORMANT Address (Yes no, or unknown) (If yes give wor or dotes of service) Mabel E same 2.D 1B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH ony event Pulmonary edema IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove Status epilepticus rise to immediate couse (a), DUE TO stating the underlying couse Cerebral dural adhesion (right temporal lobe) PART II OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? or removol, YES [X] NO 20a EXTERNAL CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1 of item 18) 3 should PRIMARY [] or CONTRIBUTING [CAUSE OF DEATH cremation, 20d N.JRY OCCURRED 20e PLACE OF INJURY (Home farm, (City or town) (County) (Stote) 20r T ME OF INJURY Month, Dov. Year Hour o.m. foctory, street, office bldg, etc.) 2). I certify that I tack charge of the remains described opove, he'd an Autopsy [X], inspection X Inquiry 🟋 and in my opinian FUNERAL DIRECTOR: death resulted from Notural cacses X Suicide F Homicide | Undetermined manner the funerol director CHIEF MEDICAL EXAMINER Health prior ta ACTUAL 22 DATE SIGNED ASS STANT MED CAL EXAM NER SIGNATURE DEPUTY MEDICAL EXAMINER Address (Street, city tawn, or county) NAME Tradon Wehoe M.D., Riverdale, Maryland 23c NAME OF CEMETERY OR CREMATORY 230 RURIAL CREMATION 23b DATE THEREOF 23d LOCAT ON (City or Town) (County) 0 Alexandria, National Alexandria. Virginia 4.25.67 250 REC D BY REG STRAR 25b REG STRAR S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS VR A 15ME (5) Lee Funeral Home 300.4th st N E 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05631 requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o COLINTY o. STATE Prince Georges MARYLAND Maryland Prince Georges attending physician and campletely filled in by the figermit. Then please rémave carban papers. Pages on a removal and it assement, within 72 hours after (CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) b (ITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) r LENGTH OF STAY IN 16 Bladensburg 13 days Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? YES T NO F 4110 - 46th Place Prince Georges General Hospital 4 DATE 3 NAME OF Middle Lost Month Year DECEASED Harris Helen April 19 67 (Type or pnnt) DEATH IF UNDER 24 HRS. S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED Months lost birthdoy) Doys Hours WIDOWED 47 Colored DIVORCED 7/17/1988 Female 10o USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even stretired) HOUSE WITC 14 MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN ILS. ARMED FORCES? INFORMAN 16 SOCIAL SECURITY NO Address (Yes, no, or in hown) (If yes give wor or dates of service) G. IB. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c)) INTERVAL BETWEEN cremat burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY exchuorascular Occident -IMMEDIATE CAUSE (o) 5 DUE TO attexiosclavosis Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse the by the hospital ar attending has been lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use Health Levenue Tis NO YES this certificate 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER Dept. 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg, etc.) Not While of work ot work O FUNERAL DIRECTOR: After 21. I certify that *XX(this haspital) attended the deceased from April 1. _____, 1967___, to_April 14__, 19_67, that xtx(we) last Page 4 may be retained saw the deceased alive an April 14. 1967, and that death accurred at 1:15AM, fram causes and an the date stated above. 22b DATE SIGNED 22o SIGNATURE ATTENDING ales xx Abril 14,1967 DIRECTOR PHYS director, page 3 shauld be filed v M.D. 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) Prince Georges General Hospital Edwin Jensen M.D 230. BURIAZ, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF .OCATION (City or Town) (County) (Stote) REMOVAL (Specify) 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4)



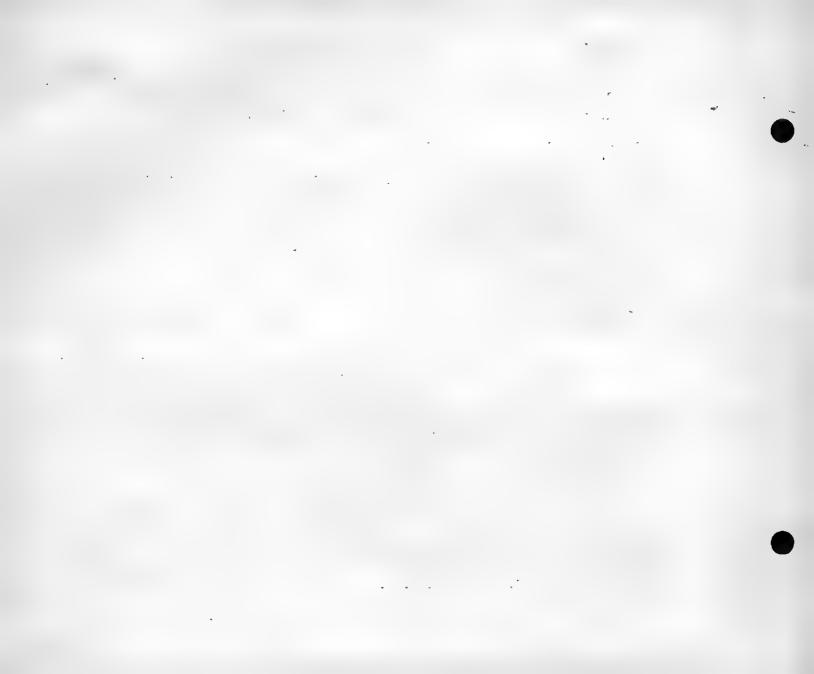
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2212012 05632 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) 1 PLACE OF DEATH o COUNTY Prince Georges Prince Georges MARYLAND requires that the death certificate be executed within 24 hours after and completely filled in by the freezeway carban papers. Pages b CITY OR TOWN (If autside corporate limits, wate RURAL and give nearest town)
Cheverly c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 Chapel Oaks 12 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 5345 Addison Rd. Prince Georges General Hospital YES NO [3 NAME OF DECEASED Middle Lost 4. DATE Month Year Louis Harris April DEATH (Type or print) IF JNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7 MARRIED 100 8 DATE OF BIRTH AGE (In years NEVER MARRIED fast birthday) Months Days June 23, 1918 Colored WIDOWED DIVORCED Male 12 CT ZEN OF WHAT COUNTRY? 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRYHPLACE (County & Slote, or foreign country) during most of working life, even if retired) INDUSTRY Way County N.C. Labor 13. FATHER'S NAME Mrs.Bessie Williams William Ollie Harris IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 5345 Addison Mrs Blannie M. Harris Rd. Chapel Oaks INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) 5400 DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) be detached far use State Dept. of Health p NO PA 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year Haur a.m. 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) 2Dd INJURY OCCURRED factory, street, affice bldg., etc.) Nat While of work at wark 21. I certify that (1) (Mississipited) attended the deceased from Harch 24, 1967, to April 5, 1967, that (1) (We) last saw the deceased alive on April 5. 1967, and that death accurred at 2:30 M, fram causes and an the date stated above 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. April 5, 1967 M.D 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 6323 Landover Rd., Cheverly, Md. Amir Banisadr, L.D. 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 230 BURIAL, CREMATION, 23b. DATE THEREOF (County) Church Cemetery Ra leigh. 4-10-67 N.C. 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 12th VR A15 (4) IIO M 1/66 St.N.E. D.C.



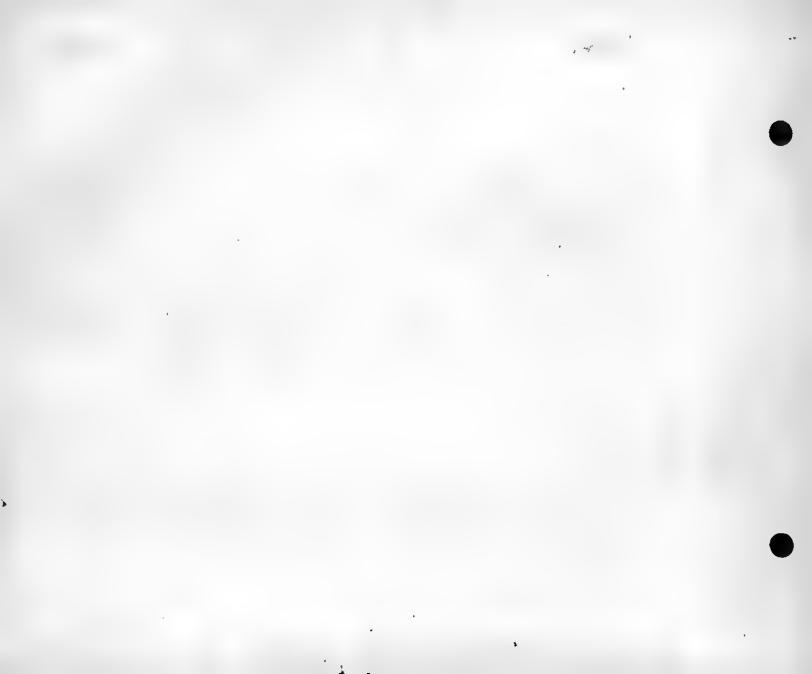
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence the physician and completely filled in by the funeral o. COUNTY b. COUNTY o. STATE Prince George's Marvland Prince George's MARYLAND b. City OR TOWN (If outside corporate limits write RURAL and give nearest town)

Cheverly c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 55 days Fairmont Heights ban papers. within 72 ho e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Prince George's General Hospital 5905 Lee Place YES T NO [3. NAME OF Middle 4. DATE Lost Month Doy Year DECEASED Charles Harrison D. (Type or print) DEATH April 1 S. SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years IF JNDER UNDER 24 HRS 7. MARRIED X NEVER MARRIED 68 birthdoy) Months Dovs Hours Male Colored 4/27/98 WIDOWED DIVORCED 12 CITIZEN OF WHAT 160. US_AL OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, eyen if retired) INDUSTRY and 13. PATHER'S NAME 14. MOTHER'S MAIDEN the attending phy sit permit. Then WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or upknown) {(If yes give wor or dates of service) ы SAME AS 1212150m crematian. 18. CAUSE OF DEATH (Enter only one couse per ting for (a), (b), and (c). INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO Conditions if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the prior tal O FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SUSHIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use KA ON far 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury of Port I or Port II a item 18.) CCIDENT WAS JINDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. '(City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year factory, street, office bldg., etc.) Hour o.m. Not While of work at work 21. I certify that (I) (this hospital) attended the deceased from ______ 196 1. 10llar 21 ... 1967 that (I) (we) lost Page 4 may be retained shauld saw the deceased alive on 2/ and 1961, and that death occurred at 8:25 M, from causes and an the date stated above 22b. DATE SIGNED 220 SIGNATURE PHYS DIRECTOR PHYS. abod 22d. ADDRESS HYSICIAN'S NAME (Type) Ronald P. Hairston, M. directar, shauld BURIAL FREMATION. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) 24_ FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



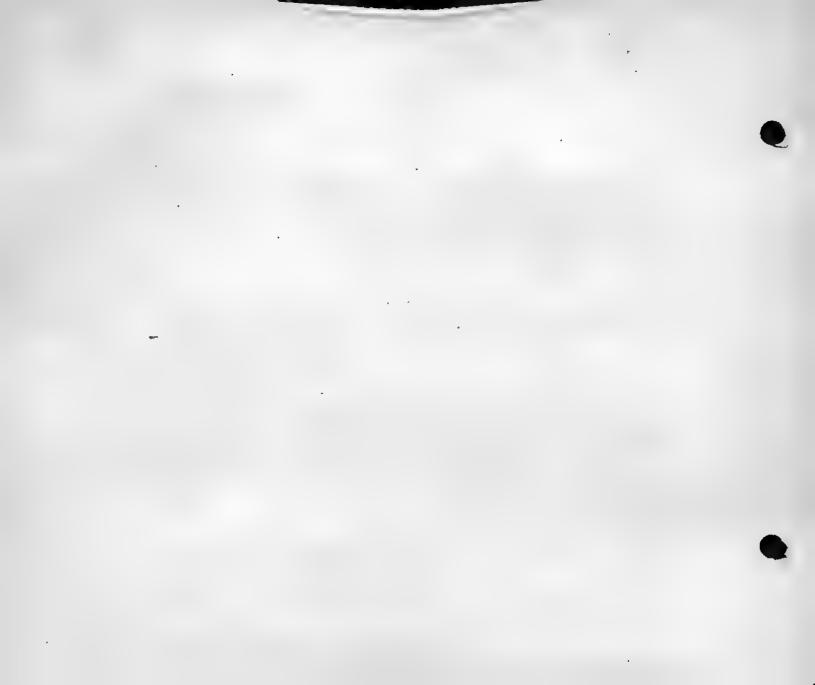
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05634 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death and Leter filled in by the funeral rebon papers Pages I and nt, within 72 hours after deet PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o COUNTY PG. a. STATE b. COUNTY Riverdale. MARYLAND b. CITY OR TOWN (If outside carporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Riverdale 16Days Bladensburg. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Eugene Leland Memorial Hospital 5217 Newton Street NO TO Y YES NAME OF Muddie Firs? 4 DATE last Month Day Year DECEASED 0F Wilma Ethel Harvey (Type or print) April DEATH 19 6 COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED TEXNEVER MARRIED DATE OF BIRTH AGE (In years attending physician ond compermit. Then please remove last b53Y) Jan-18,71914 Months Haues buriol, cremation, or removal, and in any Female White 10a USJAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT Own Home COUNTRY? N-Carolina Amer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bessie Deathridge James M. Hicks 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Eugene Leland Hospital, 4408 Queensbury Rd. 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b) and (c)) INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY FNTRICULAR FIBRILLATION IMMEDIATE CAUSE (a) sillned by **DUE TO** ACUTE MYDCARDIAL INFARCTION Conditions, if any which gave (b) rise ta immediate cause (a). DUE TO stating the underlying cause last. use os 19 WAS AUTOPSY PERFORMED? YES NO has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 20a ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept 20c. TIME OF NJURY Month, Day, Year 2De. PLACE OF INJURY (Home, form, 20f (City or fawn) (County) (State) Haur o.m factory, street, office bldg., etc.) at work at work Page 4 moy be retained by 21. I certify that (1) (this haspital) attended the aeceased fram. 4. 1967. to 77 . 19<u>67,</u> that (1) (we) last director, page 3 should should be filed with the 19 6 7, and that death accurred at 730 pM, from causes and on the date stated above. O FUNERAL DIRECTOR: saw the deceased alive and 22o. SIGNATURE 22b. DATE SIGNED ATTENDING 22c. PHYSICIAN'S 22d. ADDRESS RIVERDALE NAME (Type) 23d. LOCATION (City or Town)
Colmar Manor 230 BURIAL, CREMATION 23b DATE THEREOF 4/21/67 73c. NAME OF CEMETERY OR CREMATORY Ft. Lincoln P.G BREWYA (Ipecify) 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR Francis Gasch's Sons Hyattsville, Maryland VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 95635 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY o STATE b COUNTY District Of Columbia Prince George's MARYLAND b CTY OR TOWN (It outside corporate mits, write RURAL and give nearest town) c JENGTH OF STAY IN 16 c CITY OR TOWN (f outside corporate imits write RURA, and give nearest town) DOA Washington d STREET ADDRESS Riverdale d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) a IS RES DENCE ON A FARM? YES NO S Leland Memorial Hospital 1336 Ridge Place, S.E Examiner's Office alang with 3 NAME OF Middle DECEASED Hicks, Jr. Nelson (Type or print) Walter DEATH S SEX 6 COLOR OR RACE 9 AGE (n years IF UNDER 1 YEAR FUNDER 24 HRS 7 MARRIED NEVER MARR ED Months lost birthdoy) Dovs Hours WIDOWED DIVORCED X 72 hours after death 5-22-1942 White Male 10o USUAL OCCUPATION (Give kind of work done 11 B.RTHPLACE (State or foreign country) 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT during most of working life even fret red) **NDUSTRY** COUNTRY? S. Govt. Washington. D. C. IISA 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate shauld be executed with n Walter N. Hicks, Sr. Miriam Nunemaker • w IS WAS DECEASED EVER IN US ARMED FORCES?
(Yes no, or unknown) (fyes give wor ar dotes of service) 17 INFORMANT 16. SOC AL SECUR TY NO Address writing the ward pending" i 577-58-3021 Elizabeth Childs-Aunt within Same As #2 No 1B CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH MMEDIATE CAUSE (6) Laceration of brain Skull fracture DUE TO Cand tions, if any, which gave nse ta immediate cause (a), DUF TO stoting the underlying cause 19 WAS AUTOPSY PERFORMED? or remova, PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) certificate, NO X 200 EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of enury in Port I or Port II of tem 18) CAUSE OF DEATH Driver of car involved in collision. 20d INIURY OCCURRED 20e P.ACE OF INI.RY (Home, form, While Not White of work US Rt.1 12 mile so. of Annendale Rd. 20c TIME OF NouRY Month, Doy, Year (Stote) Hour om. FUNERAL DIRECTOR: Page 10:30 cmp m. 21 I certify that I took charge of the remains described above held on Autopsy Inspection , Inquiry , and in my opinion Natural duses Acident x Undetermined manner deoth resulted from: Suic de Homicide plegse TO FUNERAL DIRE Health prior to t CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funeral DEPLITY MEDICAL EXAMINER **EXAMINER'S** NAME Type) John Kehoe, M.D. Riverdale, Md. Address (Street city town or county) 30 BUR AT CREMATION 230 NAME OF CEMETERY OR CREMATORY DATE THEREOF 23d TOCATION (City or Town) (County) Burial (Specify) Cedar Hill Cemeterv Suitland Maruland 24 FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15ME (5) Washington, D. C. MAY 1 Wm. Lees Sons 1967



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 35636 CERTIFICATE OF DEATH o. COUNTY 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY RINCE MARYLAND PRINCE GEORGE b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) HYATTSWILLE W. HYATTSVILLE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? ZOOD RAVENSWOOD ST. 2000 YES MO Z WOOD NAME OF Middle 4. DATE Month Yeor OF DEATH DECEASED HJCIS (Type or print) 5. SEX 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 MRS lost birthdoy) Manths 62 yrs WIDOWED T DIVORCED [7] 10a. USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) TORRINGTON CONN. CCCUNTANI 5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HOGAN GLASHEEN ATRICK CATHERINE 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address 2000 RAVENSHOOD ST K. HOGHW DORGT INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (o) /b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which (b) gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES 🔲 NO 🔽 20g. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Hame, farm, Day, Year 20d INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. While Nat white of work of work p. m. 21 I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an , and that death accurred at A. M. from the causes and an the date stated above SIGNED ATTENDING MED DIRECTOR Begnard a MD 22c PHYSICIAN'S 22d. ADDRESS NAMSTYDERNARD A. FUNER page 3 the Stat 236 BUR AL, CREMATION, 236, DATE THEREOF 23c NAME OF CEMETERY OR CREWITTERY 23d. LOCATION (City town, or county) (State) REMOVAL (Specify) PGUEN 0 256 REGISTRAR'S 25g, REC'D BY REGISTRAR VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 35637 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b COUNTY Prince George's Prince George's Maryland b CITY OR TOWN (If outside corporate limits. c CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY N 1b write RURAL and give nearest town) Brentwood hours Brentwood d NAME OF HOSPITAL OR INSTITUTION (finot in hospital give street address) d STREET ADDRESS please execute the certificate, writing the word "pending" in penal in Item 18 Give Pages 1, 'director. Page 4 should be forwarded to the Chief Medical Exominer's Office along with form B&O Railroad 225 ft. south of mile post 3714 Shepherd Street. YES NO 50 3 NAME OF DECEASED (Type or print) DEATH William Curtis Howard S SEX 6 COLOR OR RACE 8 DATE OF B RTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARR ED TO NEVER MARRIED 41 pirthday) and in ony event within 72 hours after deoth. W DOWED DIVORCED 10 May 1925 White Male 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Unemployed Wash. D.C. 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Wellman Howard Mildred Lepper 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address 7323-Radeliff (Yes, no or unknown) (If yes give wor or dates of service) 578-22-5231 Mr. Wellman Howard - Dr., College Pk No (Father) 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b) ond (c))
PART I DEATH WAS CAUSED BY Md. NTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (6) Evisceration DUE TO From trauma - struck by railroad train. Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 9 WAS AUTOPS V PERFORMED? cremotion, or removal, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN N PART (6) NO X 200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) PRIMARY 20 or CONTRIBUTING CAUSE OF DEATH. Struck by railrand train. 20c TIME OF IN.JRY Month Doy Year Hour om Hour om Hour om Hour om How Mh.e of work at 20c TIME OF IN JRY Month Doy Year may be retained for your FUNERAL DIRECTOR: Page 21 I certify that I taak charge of the remains described above held an Autopsy ... Inspection , Inquiry . and in my apinian death resulted fram Natural rauses ! Accident X Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED Health prior ASSISTANT MEDICAL EXAMINER SIG NATURE DEPLTY MEDICAL EXAM NER EXAMINER'S John Kehoe, M.D. Riverdale, Md. 4-24-67 Address (Street city fown or county) 23c NAME OF GEMETERY OR TREMATORY LING T TO YELL ON TATE I SELECTION OF THE WILL SELECTION OF THE WI 230 BUR AL CREMATION, ((ounly) Fort Lincoln Cem. Colmar Manor, Md. 4/25/67 250 RECD BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15ME (5 6M 1767 Home Inc.

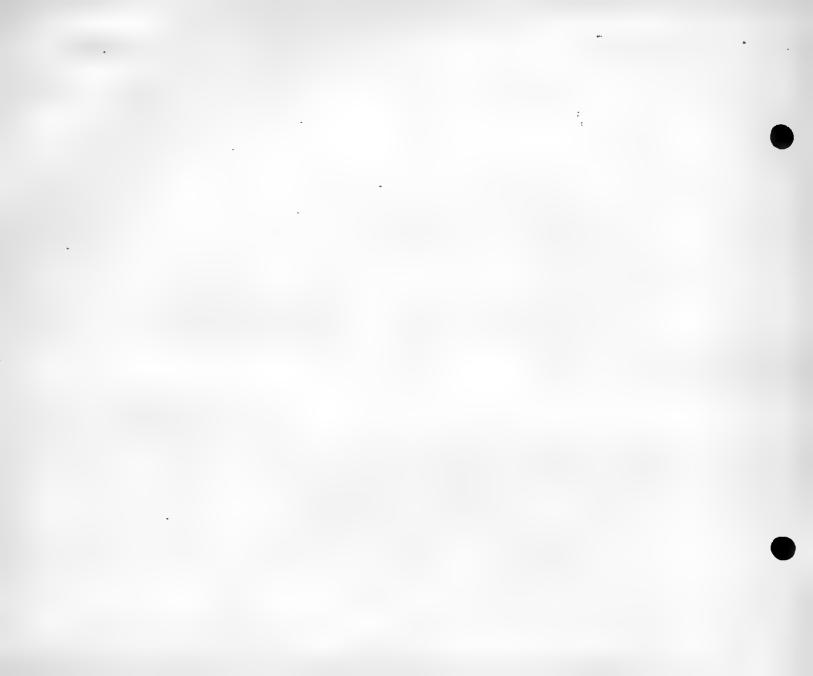


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 95638 MEDICAL EXAMINER'S CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived if institution Residence before admission PLACE OF DEATH o COUNTY o. STATE **b** COUNTY Prince George s

b CTY OR TOWN (It outside corporate Limits, MARYLAND Prince George's Aplap The State Department c. ENGTH OF STAY IN 1h c. (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Beltsville Cheverly 5 hours d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RES DENCE e, writing the word 'pmmding' in pmnot in Item 18. Give Pages 1, farwarded to the Chief Midical Examiner's Office along with farm ON A FARM? 1. 1 4550 Ammandale Road Prince George's Hospital NO X NAME OF Midd e 4 DATE Month Lost Year DECEASED OF 19 67 April Ingram Randv Gene (Type or print) DEATH 9 AGE (n years FUNDER 1 YEAR S SEX NEVER MARRIED 8 DATE OF BIRTH IF UNDER 24 HRS 6 CO. OR OR RACE 7 MARRIED lost Jurthday) Hours Feb. 26, 1965 white event with n 72 haurs after death male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR BIRTHPLACE (State or fore an country) 12 CITIZEN OF WHAT **NDUSTRY** 13. FATHER S NAME 17. INFORMANT 16. SOC A. SECURITY NO (Yes, no or unknown) (If yes give war or dates of service) 18 CAUSE OF DEATH (Enter on y one couse per line for (a) (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY Congestive heart failure IMMEDIATE (AUSE (o) DUE TO any Conditions, if ony, which gove ? Myocarditis days rise to immediate couse (a), DUE TO stoting the underlying couse PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART LO: WAS AUTOPS be used PERFORMED? YES 🔀 NO 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20d INJURY OCCURRED 20e. PLACE OF !NJURY (Home, form (City or fown) (Stote) 20s. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg, etc.) Not While of work 21 I certify that I took charge of the remains described above held on Autopsy [x]. inspection X loguiry 🕱 , and in my opinion Suicide . death resulted from: Northol causes - 30 Addident [Homicide | Undetermined monner fumeral director ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER TO FUNERAL I SIGNATURE 2-29-67 DEPUTY MEDICAL EXAMINER EXAM: NER'S Jøhn Kehoe, M.D. Riverdale and de NAME (Type) the VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 95639 CERTIFICATE OF DEATH DESERT PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) PLACE OF DEATH the ottending physicion and completely filled in by the funeral sist permit. Then please remove corban papers. Pages 7 and motion, or removal, and in any event within 72 hours offer design o. COUNTY o. STATE b. COUNTY Prince Georges Maryland Prince Georges MARYLAND C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, Riverdale. 13 days Clinton B IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 7440 Dangerfield Road NO K Eugene Leland Memorial Hospital YES [NAME OF Middle 4. DATE OF First Lost Month Year DECEASED 19 67 Luther 22 A. Irby DEATH (Type or print) IF UNDER 24 HRS S. SEX 9. AGE (In years IF UNDER I YEAR 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** DATE OF BIRTH birthday) Manths Hours Days 4-6-11 Male White WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TOB. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT COUNTRY INDUSTRY Virginia .S.A. Andrews Air Force Base 13 FATHER'S NAME 14_MOTHER S MAIDEN NAME Luther Henry Irby Switzerlet INFORMANT Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) [If yes give wor or dotes of service Admitting Record cremotion, INTERVAL BET 1B. CAUSE OF DEATH (Enter only one couse per time for (o), (b), and (c) burial-transit ONSEL AND OBATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO signed l buriol. Conditions, if any, which gove rise to immediate couse (o), DUE TO stoting the underlying couse be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been d for use as the of Health priar to lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (o) WAS AUTOPSY PERFORMED? FICATION NO 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) 20c TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form. (City or fown) (Stote) Hour om factory, street, office bidg , etc) Not While at work 21. I certify that (I) (this haspital) attended the deceased fram. pluous and that death accurred at M. fram causes and on the date stated above saw the deceased alive an 22b DATE SIGNED 220 SIGNATURE M.D. director, page should be filed 22d ADDRESS 22c PHYSICIAN'S NAME (Type) 10CATION (City or Town) (Stote) 230 BURIAL CREMATION. 23€ (County) 250. RECD BY REGISTRAR APR 2 6 19 REG STRAR S SIGNATURE 2Sb 24 FUNERAL DIRECTOR VR A1II (4) 25M 1/67



1	noisivia		PARTMENT OF HEALTH TON STREET, BALTIMORE, MARYLAND	21201
FOR STATE	05640	· ·	S CERTIFICATE OF DEATH	05640
HEARTY DEPT.	o COUNTY Prince George CITY OR TOWN (thouts de carporate in	e's MARYLAND nits, C LENGTH OF STAY IN 16	2 USUAL RESIDENCE (Where deceased lived o STATE Maryland COLTY OR TOWN (4 outside corporate limits,	Prince George's
r death If any delay is ve Pages 1, 2, and 3 on 3 vinh form PM3. Page the State Department of	write RURAL and give nearest town) Cheverly d NAME OF HOSPITAL OR INSTITUTION (1	DOA	Hyattsville d. STREET ADDRESS	e S RESIDENCE ON A FARM?
fler death II Give Poges org with for th the Stot	Prince George Gene	First Middle	713 Chillum Rd., Apt	
hours offer death ltem 18 Give Page Office along with and 2 with the Sto	(Type or print) S SEX 6 COLOR OR RACE Male White	7 MARRIED NEVER MARRIED DIVORCED	8 DATE OF BIRTH 9 AGE (In lost bit 4-21-1934 32	yeors FUNDER 1 YEAR IF UNDER 24 HRS thidoy) Months Doys Hours Miri
thin 24 hours and in llem I miner's Office poges land 2 urs offer deoil	100 USUAL OCCUPATION (Give kind of work don during most of working ite, even if retired)	Ob KIND OF BUS NESS OR INDUSTRY	11. BIRTHP.ACE (Stote or foreign country) 14. MODIER'S MA DENIMAME)	12 CITIZEN OF WHAT
be executed within "pending" in penci ilef Medicol Examine illesist permit. Fle pogenent within 72 hours o	15. WAS DECEASED EVER WAS ARMED FORCE (Yes, no, or unknown) (If yes give wor or dote	S?' s of service)	informant Koeth ith Hellips Mether)	Address 1/3 William Rd
frote should ing the word rded to the Ch as o burrof-tra	Conditions, if ony, which gave rise to immediate couse (o). Stating the underlying couse lost	SE (o) Asphyxia Strangulation by (b) UE TO (c)		INFERVAL BETWEEN ONSET AND DEATH
: This certificate, writh the forwar ld be forwar old be used or removol,	ATIO		O THE TERMINAL D SEASE CONDITION G VEN IN PAR	YES NO
EXAMINER: cute the certif age 4 should r your files Page 3 should cremotion, or	about for om 4-18- 19 21 I certify that I took chor	Hung self with 20d NJURY OCCURRED While of work Ce ge of the remoins described obove,	Shirt tied to top of d tACE OF IN.URY (Home, form, ortery street office bldg etc.) Hyattsville Jail, held on Autopsy X, inspection X.	town) (County) (Stote) Hyattsville, Md.
> 50 7 3 9	ACTUAL SIGNATURE EXAMINER'S	h Ren	CHIEF MED CAL EXAMINER AND ASS STANT MED CAL EXAMINER DEPUTY MEDICAL EXAMINER	22. DATE SIGNED
TO DEPUT TO DEP	NAME (Type) John Kehoe. 230 BURIAL (REMATION, REMOVAL (Specify) 20 FINANAL MECTOR 21 FINANAL MECTOR	M.D. Riverdale, M. 23c HAMPOPILEMETERS (23c HAMPOPILEMETERS) (23c	Mental of the many	Sh REPURAR - NAY RE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
05641 MEDICAL EXAMINER'S CERTIFICATE OF DEATH			
1 PLACE OF DEATH o COUNTY Prince George's MARYLAND b CITY OR TOWN (it outside corporate imits LENGTH OF STAY IN 1b 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) b COUNTY Maryland Prince George's C C TY OR TOWN (If outside corporate imits write RURAL and give nearest fown)			
write RURAL and give nearest town) Riverdale d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street oddress) Leland Memorial Hospital 3 NAME OF PERFEASED With RURAL and Beltsville A STREET ADDRESS I a STREET ADDRESS ON A FARM? YES NO NO OF PERFEASED No OF PERFEASED No OF PERFEASED No OF Month Doy Year			
(Type or print) Magdalena Jimenez DEATH 4 9 19 67 SEX 6 COLOR OR RACE 7 MARR ED NEYER MARR ED 8 DATE OF BIRTH 9 AGE (In years lost birthdory) Months Doys Hours Min Female White WIDOWED DIVORCED 17 July 1892 74 Yrs The locusual occupation (Give kind of work done during most found in the lindustry Cuba The locusual occupation (Give kind of work done lindustry) 12 CTZEN OF WHAT COUNTRY The locusual occupation (Give kind of work done lindustry) 13 FATHER'S NAME The locusual occupation (Give kind of work done lindustry) 14 Mother's Maiden NAME			
Unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes give wor or dotes of service) 16 SOCIAL SECURITY NO 17 INFORMANT Pedre DeArmas 11342 Cherry Hill Road NIERVAL BETWEEN			
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Heart failure Outer failure Conditions, if ony, which gove inse to immediate cause (o), storing the underlying cause lost (c) PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION G VEN IN PART I(o) PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION G VEN IN PART I(o) 19 WAS ALTOPSY PERFORMED? YES NO EXTERNAL CAUSE WAS 200 EXTERNAL CAUSE WAS 120 DESCRIBE HOW NUMBER OF COURSED (Enternature of Injury in Port Lor Port Lor Item 18)			
21. I certify that I took charge of the remains described obove, held an Autopsy, Inspection inquiry, and in my opinion death resulted fram Natural causes, Auddent, Suicide, Hamicide, Undetermined manner			
ACTUAL SIGNATURE EXAM NER'S ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER			
NAME Type) John Kehoe, M.D. Riverdale, Md. Address (Street city town or county) 4-10-67 230 BURIAL, CREMATION 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City 3wn) (County) (Stote)			
REMOVED THE PROPERTY OF THE PR			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05642 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR_STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, functifution Residence before admission) o. COUNTY b COUNTY a. STATE Prince George's Maryland Prince George's MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c (TY OR TOWN (If outside corporate timits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 2 years Lanham d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street oddress) d STREET ADDRESS e S RESIDENCE ON A FARM? w th form NO 3 9309 Rollingview Drive 9309 Rollingview Drive 3 NAME OF 4 DATE Doy DECEASED (Type or print) Mae Johnson DEATH S SEX AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH lost birthday) Months D VOR CED WIDOWED 25 May 1908 White Female the certificate, writing the ward "pending" in pencil in Item ? 4 shauld be farwarded to the Chief Medical Examiner's Office. 10o USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) **COUNTRY?** HOUSEWIFE IOWA U.S A 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME MEDICAL EXAMINER: This certificate should be executed within LINKNOWNED 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCAL SECURITY NO 52 NO AVE. 10102 any event within JERRY W. JOHNSON NENE 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Respiratory failure DUE TO Bronchial asthma over 10 yrs. Conditions, if any, which gave 1 rise to immediate couse (o), DUE TO stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO X 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Port it of item 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH cremotian, (City or town) 20c TIME OF NJURY Month, Day Year 20d Naury OCCURRED 20e PLACE OF INJURY (Home form, Not While factory, street, affice blda, etc.) at work 21 I certify that I taok charge of the remains descrabed above, held an Autopsy ... nspection 🗶 , Inquiry 🕱 and in my opinion Natural causes St ride Undetermined manner deoth resulted fram Accident Homicide . may be retained FUNERAL DIRECTO CHIEF MEDICAL EXAMINER ACTUAL 22 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DO Riverdale, Md. 4-26-67 John Kehoe, M.D. Address (Street city town or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d OCATION (City or Town) 230 BIRIA CREMOTION, 500 FT. LINCOLN CEM BLAIDENSBURG 24 FUNERAL DIRECTOR 2SO REC D BY REG STRAR VR A15ME (5) CHAMBERS GO RIVERDALE, MD.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05643 CERTIFICATE OF DEATH within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) I. PLACE OF DEATH ely filled in by the funeral bon papers. Pages I/and o. STATE b. COUNTY a COUNTY MARYLAND MARYTAND PRINCE GEORGE'S

c CITY OR TOWN (if outside carporote limits, write RURAL and give neorest town) PRINCE GEORGE'S b. CITY OR TOWN (If outside corporate limits, r LENGTH OF STAY IN 1b write RURAL and give nearest town) HYATTSVILLE MARYLAND ANDREWS AIR FORCE BASE 2 DAYS e IS RES DENCE ON A FARM? d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) 1708 COOPER LANE USAF HOSPITAL ANDREWS YES NO X DATE Month Day Year 3 NAME OF Middle Last DECEASED 18 MOLLY GARFTELD JONES APRIL 19 67 DEATH (Type or print) the attending physician and canades sit permit. Then please remove car The law requires that the death certificate be executed IF LINDER 1 YEAR IF UNDER 24 HRS. AGE (In years B. DATE OF BIRTH S. SEX 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthday) Months Dovs Haurs **APRIL 1882** PEMALE CAUCASIAN WIDOWED DIVORCED and in any 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work dane NEWCASTLE VIRGINIA COUNTRY? INDUSTRY U.S.A. 14. MOTHER'S MADEN NAME 13. FATHER'S NAME WILLIAM B DOSS ELIZA HUFFMAN IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes no, or unknown) (If yes give war ar dates of service) 17 INFORMANT 16. SOCIAL SECURITY NO. 4708 COCPUR LANE Darline: FUCHANAN DAUGHPERJAW HYATTSVILLENTER OF BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY CARDIAC ARREST IMMEDIATE CAUSE (a) 4201 DUE TO 2 DAYS Conditions, if any, which gave MYOCARDIAL INFARCTION rise to immediate cause (a). DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been detached far use as the YEARS CORONARY ARTERIOSCLEROSIS (c) 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES X NO 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 1B.) the haspital 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TiME OF INJURY Manth, Day, Year Haur a.m. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) Not While factory, street, office bldg., etc.) at work at work 21. I certify that (I) (this haspital) attended the deceased fram 16 APRIL, 1967, ta 18 APRIL, 1967, that (I) (we) last saw the deceased alive an. 18 APRTT. 19 67, and that death accurred at 7:51FM, fram causes and an the date stated above. Page 4 may be retained 22b. DATE SIGNED 22o. SIGNATUR ATTENDING MED. DIRECTOR APRIL 1967 director, page 3 shauld be filed v PHYS 22d. ADDRESS 22c PHYSICIAN S USAF HOSPITAL ANDREWS NAME (Type) PODOLSKY.CAPT. USAF. 23d. LOCATION (City or Town) 23r NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b DATE THEREOF REMOVAL (Specify) Roanoke, Virginia Sherwood Cemetery 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR S. H. Hines Cores Washington VR A15 (4) 20 M 1/66 DATE APR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 35644 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a COUNTY Prince George's lond 2 with the Stote Deportment of Maryland Prince George's

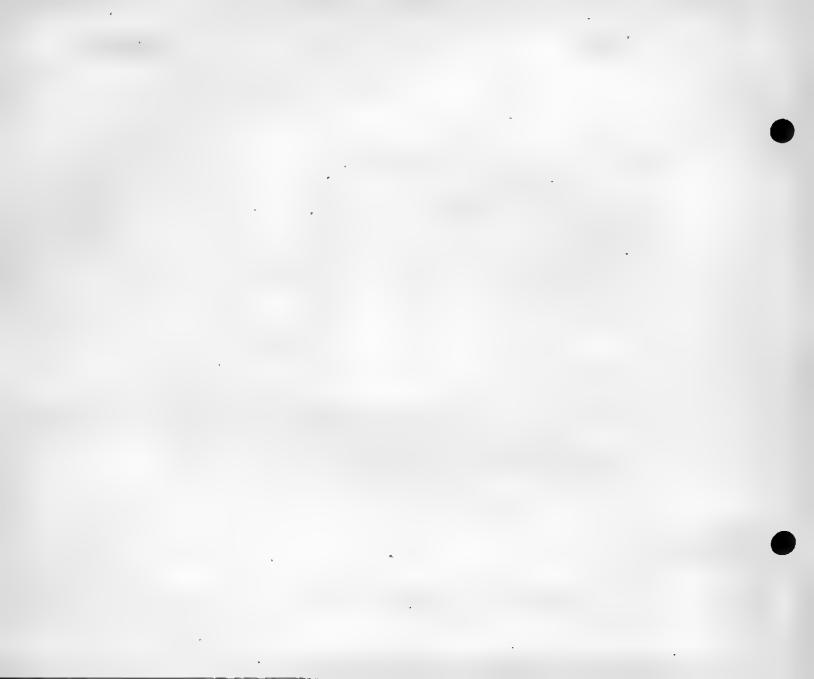
c CTY OR TOWN (if outside corporate imits write RURA, and give nearest flown) MARYLAND b C TY OR TOWN (If autside carparate imits write RURAL and give nearest fown) c LENGTH OF STAY IN 1b d. NAME OF HOSPITA. OR NSTITUTION (If not in hospitol, give street address) 33 hours Hyattsville
d STREET ADDRESS e IS RES DENCE ON A FARM? Offige along with form Prince George's Hospital YES NO TO 7348 Landover Rd. e certificate, writing the word "pending" in pencil in Item 18 Give Pages should be forworded to the Chief Medical Examiner's Offige along with for This certificate should be executed within 24 hours after death 3 NAME OF Middle 4 DATE DECEASED Clinton (Type or print) Raw Jordan DEATH April 8 DATE OF BRTH 9 AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARR ED NEVER MARR ED lost birthdoy) 1 February 1965 in ony event within 72 hours after death. W DOWED D YORCED white 11 B RTHPLACE (State or foreign country) 100 USUAL OCCUPATION (Give kind of work done 2 CIT ZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Kansas 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Robert R. Jordan Renee Dousset 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war or dates of service) Mr. Robert R. Jordan (above address No 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN (Father) PART I. DEATH WAS CAUSED BY Decerebrate rigidity SYSTE AND PEATH IMMEDIATE CAUSE (o) DUE TO Brain stem injury 33hours Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause Trauma-fall from apartment balcony 33hours WAS AUTOPSY be used PART II OTHER S GNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE COND TION GIVEN IN PART 1(o) or removol, PERFORMED? pleose execute the certificote, NO T 20a EXTERNAL CAUSE WAS PRIMAR DO OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18 i 3 should b Fell from third story balcony of apartment building. CAUSE OF DEATH 20d INJURY OCCURRED . 20e PLACE OF INJURY (Home form 20f (City or town) 20c TIME OF NEWRY Month Day Year (County) of Whe same as 2 Home While of work 5:30PMpm4-28-67 19 be retained far your 21 I certify that I taak charge of the remains described above, held an Autopsy , Inspection x Inqu'ry 😿 , and in my ap n'an Accident X death resulted fram Natural causes Surcide Ham cide Undetermined manner the funeral director CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER **SIGNATURE** DEPUTY MEDICAL EXAMINER (X) 4-30-67 **EXAMINER'S** ohn Kehoe, M.D. eoth Riverdade wwild purty NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 B_RIAL CREMATION 23b DATE THERFOR 23d LOCATION (City of Town, Nelson, Nebraska Nelson Cemetery 25b REGISTRAR S SIGNATURE 2Sa REC D BY REGISTRAR allev's Funeral VR A15ME (5) Maryland 6M 1/67 Home



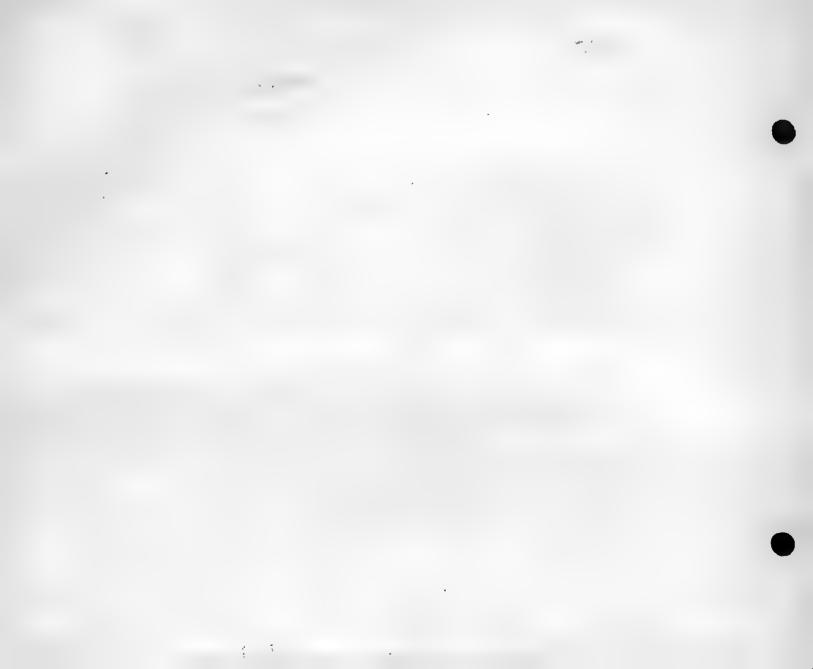
.]	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
FOR STATE	95645 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05645				
HEALTH DEPT.	Prince George's 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before oddresion) 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before oddresion) 1 Prince George's Maryland 0 STATE Maryland 0 COUNTY 1 Prince George's 1 Prince Geo				
any delay is 2, and 3 to PM3 Poge sportment*	b CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest fown) or RUBAL and page rest fown) D O A C CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest fown) Woodbine				
If an standard of the points o	d NAME OF HOSP TAL OR INSTITUT ON (If not a hospito), give street oddress) Prince Georges General Hospital d STREET ADDRESS Route 94 B IS RESIDENCE ON A FARM? YES NO				
0 FC 4	3 NAME OF (susannah) Fist Middle Cost OF OF April 6, 1967				
re ofter 18 Giv	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH female white widowed 2 DIVORCED Sarch 16, 1887 9 AGE (In years IF JNDER 1 YEAR F JNDER 24 HRS' Min Months Doys Hours Min				
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MEDICAL EXAMINER: please execute the certi- director. Page 4 should be retained for your files. DIRECTOR: Page 3 should stop the stop that the	p.m. 19 otwork 1 otwork				
DEPUTY MEDICAL EXAM ressary, please execute the e funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page	21 certify that I taak charge of the remains described above, held an Autapsy, Inspection K_, Inquiry X, and in my opin an death resulted from Natural causes X, Accident, Suicide, Hamicide, Undetermined manner				
> . 5 = 1 · ·	ACTUAL SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED ACTUAL SIGNATURE ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER ACTUAL SIGNATURE ACTUAL S				
O DEPUTY necessary, pure funeral 5 may be r 0 FUNERAL Health or it	EXAMINER'S NAME (Type) DAYTON ON ATC/N Address (Street, city, town, or county) 4 -7 (2) 230 BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)				
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VR A15ME (5)	F. Gasch's Sons Hyattsville, Nd. APR 10 1967 Charles Judge				



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05646 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b. COUNTY MARYLAND signed by the attending physieens and completely filled in by the burial-transit permit. Then please femave carban papers. Pages CLENGTH OF STAY IN 16 b CTY OR TOWN (If outside corporate limits c. CITY_OR TOWN (If outside corporate limits, write RURAL and give nearest town) white RURAL and give nearest town) ve carban papers. Pag event, within 72 haurs e is residence On a Farm? NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NOR domo NAME OF DECEASED Middle 4. DATE FIRST Lost Day Year AISER (Type or print) DEATH AGE (Incyeors IF UNDER 24 HRS FUNDER I YEAR 6. COLOR OR RACE 7, MARRIED DATE OF BIRTH **NEVER MARRIED** Months Days Inst_birthdoy) Hours gny WIDOWED DIVORCED 100, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIATHPLACE (County & State, or foreign country) 12 CIT.ZEN OF WHAT during most of working life, even if retired) INDUSTRY 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remayal, 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no ar whknown) (If yes give wor or dotes of service burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), end (c).) INTERVAD BETWEEN PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gave use to immediate couse (o), r this certificate has been si detached far use as the b te Dept, of Health priar ta bi DUE TO stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS! PERFORMED? NO 20¢ ACC DENT WAS UNDERLYING □ 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (County) 20c TIME OF INJURY Month, Day, Year (City or town) (State) Hour o.m. factory, street, office bldg., etc.) While Not While of work TO FUNERAL DIRECTOR: After ot work director, page 3 shauld be shauld be filed with the Stat 21. I certify that (I) (this hospital) attended the deceased fram sow the deceased alive on 4 19 (7, and that death accurred at 433-M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** MD. DIRECTOR PHYS. **PHYS** 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) -0 4 NAME OF CEMETERY OR CREMATORY 23< 23d. LOCATION (City or Town) (County) (Stote) BURIAL, CREMATION, 23b VAL (Specify) nR ADDRESS UNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death the attending physician and completely filled in by the funeral sit permit. Then please remave carbon papers. Pages 1 and, nation, ar remaval, and in any eyent, within 72 haurs after deal 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH · PRINCE b. COUNTY, GEORGE'S 'AIRFAX MARYLAND C LENGTH OF STAY IN 16 b. CTY OR TOWN (If autside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BASE 4 days FAIRFAX d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? AIR FORCE HOSPITAL ANDREWS Morningside Drive □ NO 🔽 YES NAME OF Middle 4. DATE Lost DECEASED ROBERT (NMN) KAUCH APRIL 1967 DEATH (Type or print) SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED **NEVER MARRIED** lost birthdoy) Months Dovs Hours cremation, ar remayal, and in any MALE CAU WIDOWED DIVORCED 4 July 1894 100, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? AIR FORCE PHILADELPHIA, PENNA US ATR FORCE 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME JOHN KAUCH ELLA RETNER IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) YES June 1948 WIFE SAME AS_#2 231-58-437\$ 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c), INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY. CARDIAC ARREST IMMEDIATE CAUSE (o) be retained by the haspital or attending physician. DUF TO burial, 1/2 hour Conditions, if any, which gove MYOCARDIAL INFARCTION rise to immediate couse (a), DUE TO stoting the underlying couse Page 4 may be retained by the haspital or attending to FUNERAL DIRECTOR: After this certificate has been detached far use as the te Dept. af Health priar ta (c) ARTERIOSCLEROSIS OF CORONARY ARTERIE YEARS WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO K YES 20o ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER) State Dept. (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg , etc.) Hour o.m. Not While at work at work 21. I certify that (1) (this haspital) attended the deceased from 4 April , 19 <u>6</u> 7, to , 196.7, that x(1) (we) last April shauld 19 67, and that death accurred at 15 M, fram causes and an the date stated above. saw the deceased alive an_ April 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS April 67 M.D PHYS. DIRECTOR directar, page shauld be filed 22d. ADDRESS 22r. PHYSICIAN'S Hosp Andrews NAME (Type)CHARLE PHELPS CAPT USAF 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 23o BURIAL, CREMATION (County) REMOVAL (Specify) Virginia Arlington National Arlington, 11_Apr 1967 25b REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1967 Fairfax, Va. Furieral DATE



1 L	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201
- 26	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15648
# FEX	08028
francial fra	District of Columbia 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) a. COUNTY District of Columbia n/a
	Prince Georges MARYLAND District of Columbia n/a b (TY OR TOWN (If outside corporate limits c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
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ING by the be d state	Hour d.m 19 White at wark of wark 19 at wark
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be red w	M.D. PHYS. XIXI DIRECTOR PHYS April 13 1967
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires the Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burnal-transhauld be filed with the State Dept. af Health priar ta burnal, crea	22c. PHYSICIAN'S NAME (Type) Oliver B. Bond, M.D. 22d. ADDRESS 6872 Riverdale Rd. Lanham, Maryland
O HOSPITAL Page 4 may O FUNERAL I director, pag shauld be fil	230 BURIAL CREMATION, 23b DATE THEREOF . 23c. NAME OF CEMETERY OR CREMATORY . 23d LOCATION (City or Town) (County) (State)
Pag dire sha	KREMOVAL (Specify) 4/15761 /1.T. DILLET IMSA. S.C.
VR A15 (4)	24 FUNERAL DIRECTOR
20 M 1/66	HANGEN FUNERA) HOME WISS 34 DC DAPR 19 1967 I goliantes Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 85643 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) y delay is 2, and 3 to PM3. Page p. COUNTY n STATE b. COUNTY pages land 2 with the State Department of Prince George's MARY_AND Maryland Prince George's b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c CIY OR TOWN (If outside carparate amits write RURAL and give nearest town) C LENGTH OF STAY IN 16 Cheverly DOA Brentwood d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital give street oddress) d. STREET ADDRESS e IS RES DENCE ON A FARM? pencil in Item 18. Give Pages 1, gminer's Office along with farm NO X Prince George General Hospital 3809 Volta Avenue This certificate should be executed within 24 hours after death 3 NAME OF M dale Inst 4 DATE Month Day Year DECEASED (Type or print) OF DEATH Richard Ashby Kidwell 19 S SEX 6 COLOR OR RACE NEVER MARRIED 8 DATE OF B-RTH IF UNDER I YEAR 7. MARRIED IF UNDER 24 HR lost b rthdoy) Months Hours hours after death. Male Whit WIDOWED DIVORCED 17 June 1893 100 USUAL OCCUPATION (Give kind of work done 11 B.RTHPLACE (State or foreign country) 10b KIND OF BUSINESS OR 12. CT ZEN OF WHAT during the di workely life, even if retired) INDUSTRY U S A Virginia ngineer U of Md 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME John F. Kidwell Susan B Campbell IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service be farwarded to the Chief Medical "pending" Milburn Florence 578 07 8579A Washington D. C. in any event with 18. CAUSE OF DEATH (Enler only one couse per line for (a), (b), and (c)]
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 35650 requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PRINCE PRYNCE " MARYLAND GEORGES emove corbon papers. Pages I any event, within 72 hours after MARYIAND filled in by the ru Pages 1 r LENGTH OF STAY IN 1h b CTY OR TOWN (If autside carparate umits. c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) days FORRESTVILLE 18 d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? HOSPITAL ANDREWS 1312 ALBERTA DRIVE YES NO X NAME OF Middle First Last 4. DATE Manth Day Year DECEASED OF KIMBLE APRIL 20 1967 ROY FRANKLIN (Type or print) DEATH FUNDER I YEAR S SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7 MARRIED **NEVER MARRIED** lost birthdoy) Months JUNE 1921 MALE CAU WIDOWED DIVORCED 10a. US_AL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) TOB. KIND OF BUSINESS OR 12 CITIZEN OF WHAT USAF COUNTRYS LEECO, KENTUCKY US AIR FORCE 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, cremotion, or removal FLOSSIE E. ASH HENRY KIMBLE IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates of service)
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PERFORMED? NO 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, (City or town) (County) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (State) Nat While factory, street, affice bldg., etc.) at wark at work , 1967, to 20 April 1967, that X) (we) last 21. I certify that (1) (this hospital) attended the deceased from 2 April 19.6.7, and that death occurred at 8:40 M, from couses and on the date stated above. saw the deceased alive on 20 April 22a. SIGNATURE 22b DATE SIGNED ATTENDING 20 Apr 67 DIRECTOR PHYS. PHYS 22d. ADDRESS USAF Hospital Andrews MITCHELL, CAPT NAME (Type) ROBERT Wash DC 2033 Andrews AFB .-23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d LOCATION (City or Town) (County) (State) 23o. BURIAL, CREMATION BUR AL (Specify) ARLINGTON, VIRGI'IA ARLINGTON NATIONAL 4/25/67 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Robert E. Wilhelm Fundors I Home VR A15 (4) 20 M 1/66 Ochania 4308 Suitland Road, Suitland, Maryland





DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE J. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYTAND after PRINCE GEORGES PRINCE GEORGES MARYLAND Pages b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and completely filled in by remove carbon papers. Pag any event, within 72 hours write RURAL and give nearest town) CAMP SPRINGS TAY ANDREWS AFE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) B. IS RESIDENCE ON A FARM? d. STREET ADDRESS 6602 VELTRI DRIVE USAF HOSPITAL ANDREWS NO X YES within NAME OF 3. First Middle Last 4. DATE Month Gay Year DECEASED 28 1967 BYRD KRETS APRIL (Type or print) ELIZABETH DEATH executed 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 9. 7. 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KIND OCCUPATION (Give kind of work done life) 10b. KIND OCCUPATION (Give kind of work done life) 10b. KIND OCCUPATION (Give kind of work done life) 10b. KIND OCCUPATION (Give kind of work done life) 10b. KI 11. BIRTHPLACE (County & State, or fereign country) physician ease certificate be BLAND CO. VIRGINIA USA HOUSEW THE 큡 13. FATHER'S NAME 14. MOTHER'S MALOEN NAME Гетпоуа ELIZABETH ANDERSON BLAND 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. Address Ь death (Yes, no, or unkown) [(If yes give war or dates of service) 233 09 Same as 2 Son cremation, t per been signed by the the burial-transit ; or to burial, cremati 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIORESPIRATORY ARREST attending physician, DUE TO Conditions, If any, which CENTRAL NERVOUS gave rise to Immediate OUE TO cause (a), stating the prior SEVERE MAINUTRITION AND DEHYDRATION underlying cause last. has 38 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY detached for use to Dept. of Health for use Health PERFORMED? CERTIFICAT YES TY ND T PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, streat, office bldg., etc.) Ноиг а.т. Not While at work After p.m. 19 at work retained 19 67, to 28 APRIL, 19 67, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 27 APRIL Ф DIRECTOR: age 3 should lied with the saw the deceased alive on 28 APRIL 19 67, and that death occurred at 12:DBM, from the causes and on the date stated above. 22b. DATE SIGNED SIGNATURE EXPORT USAF page ATTENDING 28 APRIL 6 OIRECTOR PHYS. M.D. HOSPITAL O FUNERAL 22c. PHYSICIAN'S 22d. AODRESS director, p NAMI JARE HOSP ANDREWS AFB WASH DC IMONAITIS, MAJ, USAF, MC USAF (State) NAME DE LOCATION (City, town or county) 23c. 23a. REGISTRAR'S SIGNATURE 25b. REC'O BY REGISTRAR VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05654 05654 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death impletely filled in by the funeral ve carban papers. Pages I and 2 event, within 72 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNT beorge's rINCE MARYIAND b. CITY OR TOWN (If autside carparate limits. CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest write RURAL and give nearest tawn) a MSville UPPLI d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) & STREET ADDRESS IS RESIDENC 31 5705 YES NO IS NAME OF Middle 4 DATE Month Year campletely DECEASED 7 VEOCK 19 (Type or print) DEATH S. SEX 6 COLOR OR RACE IF LINDER 24 HRS IF JNDER I YEAR MARRIED NEVER MARRIED remove lost birthday) Months Dovs Hours WIDOWED X dny DIVORCED attending physician and sermit. Then please rem 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR and in (11 BIRTHPLACE (County & Stofe, or foreign country) 12 CITIZEN OF WHAT duling most of working life, even if retired) **OUNTRY?** 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME crematian, or remayal, WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) It If yes give war or dates of service! 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). signed by the burial-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) by the haspital or attending physician DUE TO Conditions, if any, which gave nse to immediate couse (a), DUE TO far use as the Lift Health prior to b stating the underlying couse lost 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) NO this certificate ATTENDING PHYSICIAN: 200 ACC DENT WAS UNDERLYING [3] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form (Edy or town) (Caupty) (State) Hour o.m. foctory, street, office bldg., etc.) Not While MARCH 13 O FUNERAL DIRECTOR: After at work 21. I certify that (1) (this haspital) attended the deceased from 67 to APCIII, 1967, that (1) (we) lost be retained director, page 3 shauld shauld be filed with the 19 69, and that deoth occurred at 650 PM, from causes and on the date stated above sow the deceased give on Aprila. 22a. SIGNATURE MD DIRECTOR PHYS 22c. PHYSICIAN'S 22d ADDRESS Page 4 may NAME (Type) 230 BURIAL, CREMATION, 23b. DATE THEREOI (County) (State) 24. FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 2Sb VR A15 (4) 25M 1/67 1967





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a county Prince b. COUNTY a, STATE George 24 hours after Maryland Pr.Geo. MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Beltsville Riverdale $D \cdot O \cdot A \cdot$ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Eugene Leland NO-1 Mem. Hosp. YES 11630 -36th executed within NAME DE DATE Month Day Year First Middle Last 4. DECEASED OF April 13, 19 67 Clarence Lockhart (Type or print) DEATH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE DATE OF BIRTH 8. OVe 7. MARRIED X NEVER MARRIED (ast birthday) Months I anding physician and c t. Then please remov r removal, and in any Hours | Min. Male White WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR during most of working life, even if retired INDUSTRY BOLL Vending Machine 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT þe COUNTRY? Virginia PHYSICIAN: The law requires that the death certificate the hospital or attending physician. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Orndorff been signed by the attending the burial-transit permit. Their to burial, cremation, or remo Minnie E. Howard T. Lockhart 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or pates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address H. Lockhart 578-01-1771 Mrs. Marv (above address No INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate has been as the l DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health p PERFORMED? certificate YES NO 2Da. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) detached from the Dept. of 1 MEDICAL 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (State) 2Dd. INJURY DCCURRED 2De. PLACE OF INJURY (Home, farm, (County) factory, street, office bldg., etc.) be de State Hour a.m. After White Not While at work at work be retained should FUNERAL DIRECTOR: A director, page 3 should should be filed with the the 21. I certify that (I) (this hospital) attended the deceased from A M, from the causes and on the date stated above. and that death occurred at saw the deceased alive on. DATE SIGNED 22a. SIGNATURE 22b. ATTENDING STAFF M.D. PHYS. DIRECTOR PHYS. 4 may 22c. PHYSICIAN'S 22d. **ADDRESS** director, p AIN IE NAME (Type) 503 BURIAL, CREMATION, 23d. LOCATION (City, town or county) 23a. 10VAL (Specify) 9 Colmar 67 Fort Lincoln Cem. 5 Manor, Md. Mt Rainicasa REC'D BY REGISTRAR REGISTRAR'S SIGNATURE Maryland 25b. 24. FUNERAL DIRECTOR Nal VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 95657 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY # MARYSAND C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate imits, write RURAL and give nearest tawn) b CITY OR TOWN (If autside capparate limite write RURAL and give negrest town) 0 n d-NAME OF HOSPITAL OR INSTITLTION e IS RESIDENC (If not in haspital, give street godress) d. STREET ADDRESS ON A FARM YES NO D NAME OF DECEASED DATE Day Month Year complete In Last OF DEATH 196 Type or print) naco Ment IF UNDER I YEAR SEX AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE NEVER MARRIED remove last birthday) Manths Days Haurs the law requires that the death certificate be exequ WIDOWED DIVORCED guo 12 C FIZEN OF WHAT Og. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during mast of warking life_even if retired) the ottending physicion sit permit. Then pleas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM C. COATES BELL ILLIAN 2005 MONROE , N.E. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT permit. (Yes, na, ar unknown) (If yes give war ar dates of service) LILLIAN WASH., D.C. RUTHERFORD 10 U 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN signed by the bur of-transit p ONSET AND DEATH mai PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO buriol Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the haspital or ottending TO FUNERAL DIRECTOR: After this certificate has been as the prior to last. WAS AUTOPSY PERFORMED? PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) for use (Health p NO YES 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH Dept. of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d INJURY OCCURRED 20e PLACE OF INJURY (Harne, farm, (City or town) (County) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, affice bldg., etc.) Not While at work þe 21 I certify that (1) (this haspital) attended the deceased from .C 190 19 61, that (1) (we) last M, fram causes and an the date stated above. saw the deceased alive an. 19(0 , and that death accurred at $\underline{\omega}$ 22a SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S RISTIAN NAME (Type) 1534 director, should b 23a BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BURIAL WASHINGTON. 256 REGISTRARS HIGHATURE FUNERAL DIRECTOR 250 REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deoth PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. b. COUNTY Prince George's a. COUNTY o. STATE Prince George's MARYLAND The low requires that the death certificate be executed within 24 hours ofter attending physician and completely filled in by the sermit. Then please remove certain papers. Pages b. CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town)

Cheverly c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Beltsville 4 days d. STREET ADDRESS e IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? Prince George's General Hospital 4417 Tonguil St. NO N 3 NAME OF Middle Last 4. DATE Month Year First DECEASED (Type or print) April E. Lowe 19 Cora DEATH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6 COLOR OR RACE NEVER MARRIED DATE OF BIRTH 7 MARRIED Months ast birthday) Days Haurs White WIDOWED DIVORCED Female 12. CIT ZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fare gn country) during most at working life, even if retired) COUNTRY? INDUSTRY HOUSEWIFE

13. FATHERS NAME MARYLAND 14 MOTHER'S MAIDEN NAME URNELL WILLIAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) SAME INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by by the hospital or attending physician. DUF TO Conditions, if only, which gove rise to immediate couse (o), DUE TO stating the underlying cause as the prior to O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO و 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d, INJURY OCCURRED 20c. TIME OF INJURY Month, Dov. Year factory, street, office bldg., etc.) at work , 1967 , that (i) (we) last 21. I certify that (1) (this haspital) attended the deceased from 4/3 ... ta 4/1/ saw the deceased glive an April 7, 1967, and that death accurred at 1:10AM, fram causes and an the date stated above 22b. DATE SIGNED 22a SIGNATURE ATTENDING M.D. DIRECTOR PHYS. ZPATIX ADDRESS 22c PHYSICIAN'S Albert Roth, M. 5409 Riverdale Rd., Riverdale, Md NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE THEREOF (County) ALENARURG-2So. REC'D BY REGISTRAR 2Sb. VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05659 CERTIFICATE OF DEATH within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE Prince Georges County MARYLAND Prince Georges b CITY OR TOWN (If outside corporate amits, write RURAL and give nearest lawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give represt town) Hyattsville 12 uears d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 1905 Erie Street 1905 Eric Street NO PC npletely fillower 3 NAME OF Middle Firs! Lost DATE Month Dov Year DECEASED none 1967 Lynch lames (Type or pant) DEATH requires that the deoth certificate be executed S. SEX B. DATE OF BIRTH 9. AGE (In/yeors IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** pleose remove lost birthday) Months Dovs Nov 21, 1889 Hours white male WIDOWED DIVORCED physicion and 100. USCAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carms (Xamner 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11_BIRTHPLACE (County & State or foreign country) COUNTRY? England 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME William P. Lynch Catherine Mc Keever WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Addiposs Trie Street (Yes, no, or unknown) (If yes pive wor or dotes of service) 578-32-4863 Mrs. Mary Lynch 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)) INTERVAL BETWEEN burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: on area IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO YES | Įo. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [2] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Poge 4 moy be retained by the FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from. , 19 3c7 to 4/24 _, 19___, thot (I) (we) last saw the deceased glive an 19 Am 1957 1975, and that death occurred at 1 pack, from causes and an the date stated above. 22c SIGNATURE 22b DATE SIGNED ATTENDING MED. DIRECTOR director, page 3 should be filed v M.D PHYS 22d. ADDRESS 22c. PHYSICIAN'S Queen University Blud. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) Alexandria Nat'L Cometer Alexandria 250. RECD BY REGISTRAR VR A15 (4) 20 M 1/66



1			MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND F
FOR S	STATE /		05660 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH	DERT.	1.	El GOOKE MEDIDERGE (Miles Received little in Handarden Mendelle pelac abilitation
	IXI)		Prince George's Maryland Prince George's
essary, funeral may be	是		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
AMI.	after d	_	AGEIDHI unknown
S 57		1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM?
Page	State hours	3.	Paint Branch Nurseing Home 3120 Powder Mill Rd. YES NAME OF First Middle Last 4. DATE Month Day Year
any del 2, and PM3.	72 h	3.	NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) John A. Mahan DEATH April 28 1967
-	£.	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE In years IF UNDER 1 YEAR IF UNDER 24 HI
ith. If	N.E.	М	ale Caucasian WIDOWED DIVORCED Nov. 2, 1893 73 yrs. Months Days Hours Mir
er dea ive Pa with	t and event	10	a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Giv ng v	-		Salesman U.S.A. U.S.A.
कु है	pages in any	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME To be The Control of the
24 hot n Item Office	File p	1	John J. Mahan Agnes B. O'Connnell WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
in 24		ō	Hinkown (If yes give war er dates of service) 579-10-3022 Paint Branch Nurseing Home Records
	permit, removal,	=	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1
ted with h penci Examiner	44.5		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Concestive Heart Failure 2 days
ಪ`ಹಿ	burial-transit cremation, or		4200 DIE TO
be exe pendin Medica	burial-tran cremation,		conditions, if any, which (b) Arteriosclertic Heart Disease 10 yrs.
Parts	a bu		cause (a), stating the DUE TO
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a to	ild be i	I E	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)
R: This cer ate, writin forwarded	hould nt, pr		PRIMARY OF CONTRIBUTING CONTRIB
te, Th	3 shou agent,	MEDICAL	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, Hour a.m. While Not While factory, street, office bidg., etc.) (City or town) (State)
新記	ed a	MET	p.m. 19 at work at work
the cert should	R: Page ignated		21. I certify that I took charge of the remains described above, held an Autopsy, inspection X, inquiry M_, and in my opinion
sho sho	des j		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
orte	its of		ACTUAL SIGNATURE JOHN Kehoe MD ASSISTANT MEDICAL EXAMINER () 22. DATE SIGNE
execut Page			DEPUTY MEDICAL EXAMINER
DEPUTY lease e lirector.	FUNERA Health		NAME (Type) And (Type) And (Type) And (Type) And (Type) And (Type) And (Type)
DEPUT please director	2 5 ()	23	REMOVAL (Specify)
=	一州	2	Burial 5/2-1967 Harmony Cem. Landover, Md.
VR AL	5ME (5)	9	W.W. Chembers Co. Riverdale, Md. DAMAY 8 1967 Charles Judge.
2417	1703		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05661 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death physician and campletely filled in by the funeral en please remove carban papers. Pages 1 and oval, and in any event, within 72 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. STATE Maryland a. COUNTY b. COUNTY Prince George's Prince George's MARYLAND CLENGTH DE STAY IN 16 b CITY OR TOWN (floutside carparate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside carparate limits, write RURA, and give nearest tawn) 34 days Riverdale Cheverly 9 IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 5800 64th Ave. Prince George's General Hospital YES NO IN Middie 4 DATE Manth 3. NAME OF First Last Year DECEASED 1967 Martin April Carrie R .. (Type of print) DEATH 9 AGE (in years IF JNDER 1 YEAR IF JNDER 24 HRS S SEX B. DATE OF BIRTH 6 COLDR DR RACE 7. MARRIED NEVER MARRIED birthday) Months Days Haurs 4/14/99 White WIDOWED DIVDRCED Female 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT 10a USUA, DCCUPATION (Give kind of work done during mast of working life even fretired) TTOUNTRY? own house Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Alice May Keene William A Fawcett 17. INFORMANT Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknawn) (If yes give war or dates of service) Riverdale, Md. George Carrick INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per live for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY. ONSET AND DEATH burnal-transit IMMEDIATE CAUSE (a) signed by DUE TO Canditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT MELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) far use (Health p NO F 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACC DENTWAS UNDERLYING
OR CONTRIBUTING □ CAUSE OF DEATH detached for the Dept. af H (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year factory, street, affice bldg , etc.) at work at wark . 1957, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram_ Mille , 1966, to 4/1/ and that death occurred at 1:25 AM, from causes and an the date stated above. saw the deceased alive an-22b. DATE SIGNED 22a SIGNAZUR **ATTENDING** M.D. DIRECTOR PHYS PHYS director, page 22d ADDRESS 22c. PHYSICIAN NAME (Type) 5701 85th Ave. Hyattsville. William D. Rosson should 23c NAME OF CEMETERY OR COSMATORY 23d, LOCATION (City or Town) 23b. DATE THEREOF (County) (State) 23a BURIAL, CREMATION REMOVAL (Specify)
Burial April 10, 1967 Suitland Pro Geo Cedar Hill Cemetery Md. 24 FUNERAL DIRECTOR Gasch's Sons Hyattsville, Md. 25b REGISTORS SIGNATURE 2So RECD BY REGISTRAR VR A15 (4) DATE



MARYIAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) physician and completely filled in by the funeral en please remayer-randon papers. Pages/1 and o. COUNTY STATE District of Columbia Prince George's MARYLAND b (ITY OR TOWN (If outside corporate I mits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate amits, write RURAL and give nearest town) write RURAL and give nearest town)
Cheverly Washington - Dr-C. 1 day IS RESIDENC A STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) hin 72 ON A FARM? 1216 61st Ave., S.E. Prince George's General Hospital YES NO TXX 3 NAME OF Middle 4 DATE Month First Lost Day DECEASED April 15, 19 67 В. McAfee John DEATH event, (Type or print) IF UNDER 1 YEAR | IF UNDER 24 HRS S. SEX B. DATE OF BIRTH 9. AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 7] iost birthdoy) 3/27/96 Months Hours Male White DIVORCED WIDOWED 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 10o USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working the, even if retired)
Retired Printo U.S. Government Washington D. C. Printer USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal Charles McAfee Carrie Unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16 SOCIAL SECURITY NO (Yes, 90, or unknown) (If yes give wor or dates of service) 0 Same As # 2 Abbie H. McAfee INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)), burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) signed by attending physicion. DUE TO burial, a Conditions, if ony, which gave rise to immediate couse (a). DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate hos been os the prior to WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YESKX NO by the hospital or for 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20e PLACE OF INJURY (Home, form, 20d INJURY OCCURRED TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While of work April 14 1967, to April 15, 1967, that (2) (we) last 21. I certify that (4) (this haspital) attended the deceased fram____ plaods be retoined April 15 19 67, and that death accurred at 12 PM, from causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S Poge 4 may NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23b. DATE THEREOF 23o BURIAL, CREMATION, Bull 1 d (Specify) 4/18/67 Prince Georges, Maryland Cedar Hill Cemetery 250. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	05663		MI	DICAL EXAMINER'	S CERTIFICATE (OF DEATH	_05663		
	PLACE OF DEATH					(Where deceased lived, if inst	itut an Residence befare admission)		
	Prince George's MARYLI				Maryland	Pri	OUNTY nce George's		
	b CITY OR TOWN (f autside carparate l.m.	ts,	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside carporate limits write RURAL and give nearest town)				
		Cheverly DOA d NAME OF HOSP TAL OR INSTITUTION (I not in hasp tal, give street address)				l Park	*		
	d NAME OF HOSP T						e IS RESIDENCE		
Prince George General Hospital					6410 Coo	lidge Street	ON A FARM? YES NO S		
	NAME OF DECEASED	F	rst	M ddle	Lost	4 DATE M	lanth Day Year		
	(Type or print)	Gla	dys	A.	McClanahan	DEATH	4 17 19 67		
,	SEX	6 COLOR OR RACE	7 MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years			
F	remale	White	WIDOW	ED DIVORCED	12-16-96	last birthday) 70 yrs			
0a dur	USEAL OCCUPATION	I (Give kind of work done life, even if retired)	105	KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State	*	12 CITIZEN OF WHAT		
	HOUSEL	TIFE			VIRGIN		COUNTRY?		
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
L	UILLIAN	N HETL	N		ISA BEL	LE VOGT	p==		
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES		16 SOCIAL SECURITY NO 17	INFORMANT	Ad	ddress		
(A.	es no, ar unknawn)	(If yes give war or dates	of service)	79-05-8889A 1	MOS FUNICE	NACHILLITEO	CATLETT, VA.		
	Canditions, if any, rise to immediat stating the under last.	, which gave e cause (a), e cause (a), elying cause	(b) Ard (c)	art failure teriosclerotic			over 2 mo.		
CERTIFICATION				IG TO DEATH BUT NOT RELATED TO			YES NO X		
	20a EXTERNA. (A PRIMARY ☐ ar (OI (AUSE OF DEATH		20Ь	DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in	Part Far Part II of tem 1B)			
MEDICAL	20c T.ME OF INJE Haur a.r p.r	10	W		PLACE OF INJURY (Hame, far actary, street, affice bldg., etc		(Caunty) (State)		
	21 I certify that I taak charge of the remains described above, held an Autopsy 🗍 , Inspection 😿 , Inquiry 😿 , and in my apin an								
	death resulted fram: Natura causes, X., Acyident, Suicide, Hamicide, Undetermined manner								
	ACTUAL SIGNATURE M.D. ASSISTANT MED CAL EXAMINER 22. DATE SIGNED								
	DEDUTY MEDICAL EVALUMED								
	EXAMINER'S NAME Type,	ohn Kehoe,		Riverdale, N	Address (Stree	et, city tawn, ar caunty)	4-18-67		
230	B. RIA REMAT.			23c NAME OF CEMETERY C	OR CREMATORY	23d LOCATION (City ar	Tawn) (County) (State)		
	B O BIAL	APRIL 2	2,196			SowEa			
1	4 FUNERAL D RECTO	YAMBERS	Co.	RIVERDAL	E MD. 250 REC		REGISTRARS SIGNATURE		

VR A15ME (5) 6M 1/67

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta

5 may be retained for your files. Health prior to buriol, cremation, or removal, and in any event within 72 haurs ofter deaths.

th me State Department of

This cert ficate should be executed within 24 hours ofter death. If any deay is

MEDICAL EXAMINER:

O DEPUTY



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 95664 death 1. PLACE OF DEATH era 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before odmission! o. COUNTY o. STATE b. COUNTY 2te169 MARYLAND b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY_OR JOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) oon papars. Pay within 72 hours The law requires that the death certificate be executed within 24 hours CRIA .≘ e IS RESIDENC d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d. STREET ADDRESS ON A FARM? filled YES □ NO 区 carbon NAME OF Middie Lost DATE Month Year campletely OF DEATH DECEASED 1967 (Type or print) JE LINDER 1 YEAR IF JINDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED AGF (In years physician and camp en plejise remove lost birthdoy) Months Hours DIVORCED WIDOWED 10b KIND OF BUSINESS OR 100 JS JAL OCCUPATION (Give kind of work done RIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) HOUSTRY 9 JARE HOUSE 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removal OSKEC 6 A12 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). NTERVAL BETWEEN ONSET AND DEATH burial-transit PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) λq DUE TO burial, Conditions, if only, which gove rise to immediate couse (a). DUE TO has been s stoting the underlying couse Page 4 may be retained by the hospital or attending State Dept. of Health priar ta lost. WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED NO certificate Ę CERTIF (20o ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port il of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED (City or fown) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) While of work at work led the deceased fram MAR 1, 19 67, ta ARR. 14, 19 67, that (4) (we) last 14 19 67, and that death accurred at 3 M, from causes and on the date stated abave 21. I certify that (this haspital) attended the deceased fram___ director, page 3 shauld shauld be filed with the DIRECTOR: saw the deceased alive an 22b DATE SIGNED 22o SIGNATURE STAFF 4-14-67 M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S TO FUNERAL NAME (Type 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL, CREMATION 23d LOGATION (City or Town) (County) (State) DATE THEREOF REMOVAL (Specify) URIAL REC'D BY REGISTRAR VR A15 (4) 25M 1/67

S . Ī



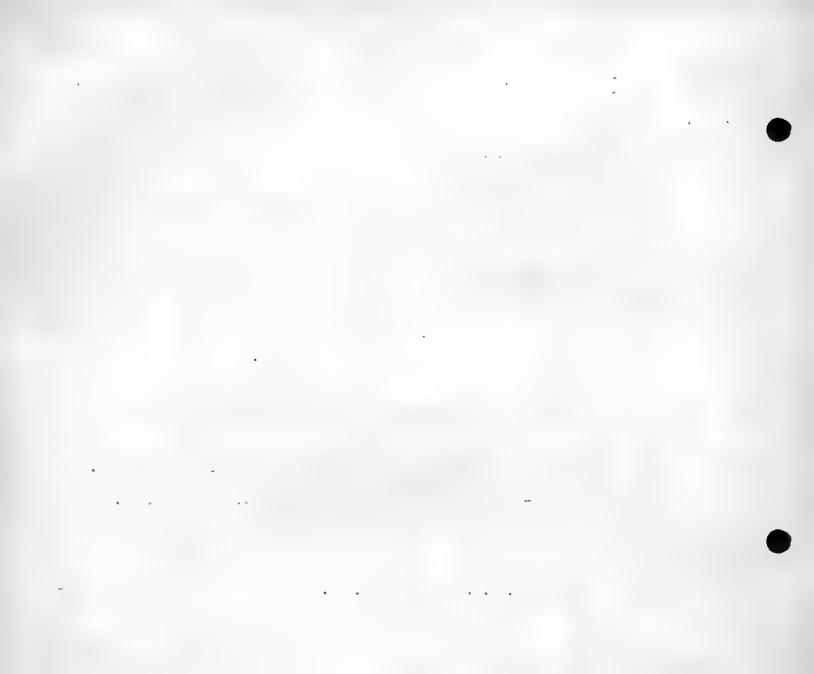
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05666 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 1. PLACE OF DEATH Prince George's a. STATE ° COUNTY Prince George's MARYLANO Maryland c. CITY OR TOWN (If outside corporate amats, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write R_RAL and give nearest town)

Cheverly c LENGTH OF STAY IN 16 Seat Pleasant DOA d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 407 Addison Road Prince George's General Hospital YES NO P 3 NAME OF 4. DATE Mosth Year completely for the second McGarry OECEASED Michael Joseph April 67 (Type or print) DEATH FUNDER I YEAR IF UNDER 24 HRS. AGE (In years S. SEX 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED last hirthdoy) Months Dovs Hours Sept 1, 1894 White Male DIVORCEO WIDOWED and in an 11 BIRTHPLACE (County & Stote, or loreign country)
Washington D. C. 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o USUAL OCCUPATION (Give kind of work done UCOUSTRYA INTERT during man of with kind mis the ratined) 14 MOTHER'S MAIDEN NAME Julia Carr 13. FATHER'S NAME Patrick McGarry 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes no or unknown) (If yes give wor or dates of service) 213 38 2218 Anna McGarry Same as #2" (wife) 17 INFORMANT INTERVAL BETWEEN 18. CAUSE OF OEATH (Enter only one couse per line for (o), (b), and (c),) CORONARY PMYOCARDIALTION signed by the burial-tronsit p burial, crematic ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b) Poge 4 may be retoined by the hospital or attending physician. DUE TO HEART DISEASE Canditions, if only, which gove rise to immediate couse (o), DUE TO HYPERTENSIVE CARDIO-VASC. DISBASE & stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been 3 should be detached for use as the with the State Dept. of Health prior to lost 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO X 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While at work 19 20, 10 tel 21. I certify that (I) (this haspital) attended the deceased fram. 768-4 1967, and that Beath accurred at 1200 MM, from causes and on the date stoted obove sow the deceased alive on. 22b. OATE SIGNED 22o. SIGNATURE ATTENDING M.O. PHYS. PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S 3308 Dodge Pk. Rd., Landover, Maryland Dr. Max M. Herzberg NAME (Type) Washington D. C. (County) 23c. NAME OF CEMETERY OR EXEMPTORY 23b DATE THEREOF 230 BURIAL, CREMATION, BREMOVAL (Specify) 4/10/67 Mt. Olivet 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Francis Gasch's Sons Hyattsville, Md. VR A15 (4) 20 M 1/66 Minne



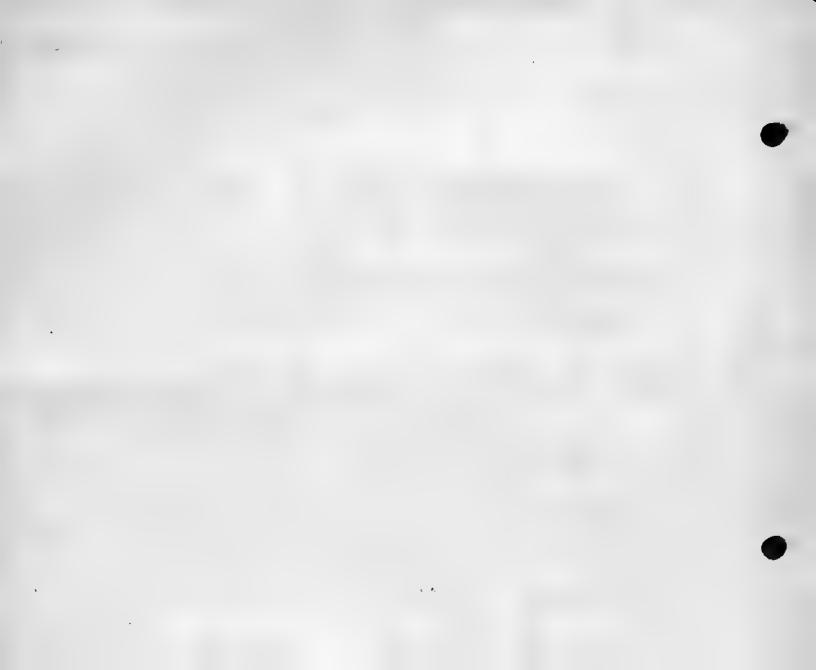
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05666 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05667 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY g STATE y delay is , and 3 to P.M3. Page **b** COUNTY Prince George is
b CITY OR TOWN (It auts de carparate I mits,
write RURAL and give nearest tawn) MARYLAND Maryland Prince George's c CITY OR TOWN (It auts de carporate limits, write RURÂL and give nearest town) c LENGTH OF STAY N 1b vith the State Departmen Oxon Hill DOA Cheverly d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? the certificate, writing the ward "pending" in penci in Item 18 Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with farm YES NO TH Prince George General Hospital 118 Maurey Avenue Give Page NAME OF 4 DATE Middie Manth Year DECEASED William (Type or print) McNab DEATH 19 67 7 MARRIED TO IF UNDER 1 YEAR IF JADER 24 HRS 6 COLOR OR RACE 8 DATE OF BIRTH 1931 AGE (In years NEVER MARRIED Days ost birthday) Manths Haurs white WIDOWED DIVORCED 12-16-1029 male 100 USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Dri ver Trucking New Jersey
14 MOTHER'S MAIDEN NAME IISA 13. FATHER'S NAME This certificate shauld be executed within George E. McNab Norma Swattzman 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Rt 1. Bx 265 burial-transit perm t. (Yes, no or unknown) (if yes give wor or dates of service) 579 38 2655 George McNab- Bro in any event within Clinton. Md. Mes 18 CAUSE OF DEATH (Enter only one cause per line far (a) (b) and (c)) PART | DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Laceration of brain DUE TO Trauma - motorcycle accident. Conditions, if any, which gave rise to immediate cause (a), **DUE TO** stoting the underlying couse 19 WAS AUTOPS PERFORMED? removal, PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) NO to 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter nature of injury in Part I or Port 1 of tem 18.1 3 shauld PRIMARY DOI CONTRIBUTING D crematian, ar CALSE OF DEATH Driver of motorcycle which ran into parked car, 20d INJURY OCCURRED | 20e PLACE OF N.URY (Home form 20f (City or town) 20c TIME OF INJURY Manth Day, Year Hour am

10:55pmm 4-22- 19 67 While at work 400 Maurey Ave. Oxon Hill, Md. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection x, Inquiry x and in my apinion the funeral director. Acident X, Suicide , Homicide Lindetermined manner death resulted fram Natoral causes CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIG NATURE DEPUTY MEDICAL EXAMINER [X] **EXAMINER'S** NAME Type. John Kehoe, M.D. Address (Street city town or county) 4-24-67 Riverdale, Md. 23c NAME OF CEMETERY OR CREMATORY 23c B RIAI CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) 0 Cedar Hill Cemetery | Sur REMOVAL (Spec Buria 1/26/67 Suitland Maryland 24 FUNERAL DIRECTOR Othereles Judge VR A15ME (5) 6M 1/67 Lee Funeral Home, 300 4th NE. Wash, DC



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items #1c. 8 05668 Reg. Dist. No. O. COUNTY Prince 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Georges o. STATE Maryland b. COUNTY Prince Georges MARYLAND b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn) RURAL and give pearest tawn) Avandale Avandal d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. 15 RESIDENCE 4827 RUSSOLL ON A FARM? Avenue 4827 Russell Avenue YES NO X NAME OF DECEASED 4. DATE Middle Day Year MCPADDEN TAMES J. SR. April 19 67 (Type or print) DEATH 10 8. DATE OF BIRTH ROOM 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE 7- MARRIED P NEVER MARRIED FT pa builday) Months Hours Min. White Male DIVORCED [WIDOWED [USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Ireland TISA Retired Trucker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hugh McPadden Marv 17. INFORMANT 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Wif. Russell Ave, Hyatts. No 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY mi IMMEDIATE CAUSE (a) 4201 DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11:01 19. WAS AUTOPS PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18) MEDICAL 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year (County) (State) foctory, street, office bldg., etc.] a. m Not while of work of work 21. I certify, that I attended, the deceased from ____,that I last saw the deceased and that death accurred at _M, fram the causes and an the date stated above. ADDRESS (Street, city or lown, state) **ACTUAL** DICKLATURE PHYSICIAN'S W A Wimsatt 3415 Hamilton Street. Hvattsville. Md. 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22¢ NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Slote) Heaven Cometery White Plains, N.Y. Gate Of 67 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Rainier, Marylanda Nalley Funeral Mit VS A15 (4) Home

15M 9/55



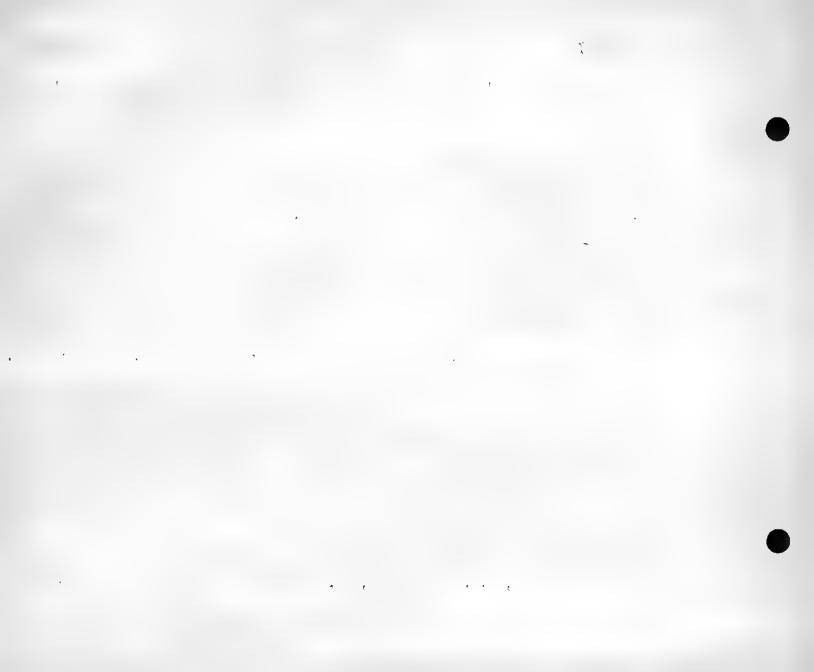
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05663 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY Anna Arundle o. STATE led in by the fun apers. Pages 1 in 72 haurs after Prince Georges Maryland MARYLAND b CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest lawn) CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 14 days Cheverly Odenton d. NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? PrinceGeorges General Hospital Box 520 Evergreen Rdl 3. NAME OF Middle lost 4. DATE Month DECEASED
(Type or print) Samuel McVea DEATH April 19 67 9. AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH IF UNDER 24 HRS lost birthdoy) Months Male Negro physician and 10o USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY . Alminer 13. FATHER S NAME or remayal signed by the attending phy burial-transit permit. Then burial, crematian, or remava 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO for use as the b Health priar tab stoting the underlying couse this certificate has been 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED DISEASE CONDITION GIVEN IN PART NO 70a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 18.) letached fa Dept. of P OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (C'y or town) (Stote) (County) Hour o.m. foctory, street, office bldg, etc.) Not While of work TO FUNERAL DIRECTOR: After of work 21. I certify that (this haspital) attended the deceased fram March 20, 1967, to April 3, 1967, that (the we) last saw the deceased alive an April 3, 1967, and that death accurred at 9.00PM, fram causes and on the date stated above. be retained 22o. SIGNATURE 22b. DATE SIGNED M D DIRECTOR 22d ADDRESS 22c PHYSICIAN'S NAME (Type) 230 BUR.A. CREMATION REMOVA (Specify) 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67



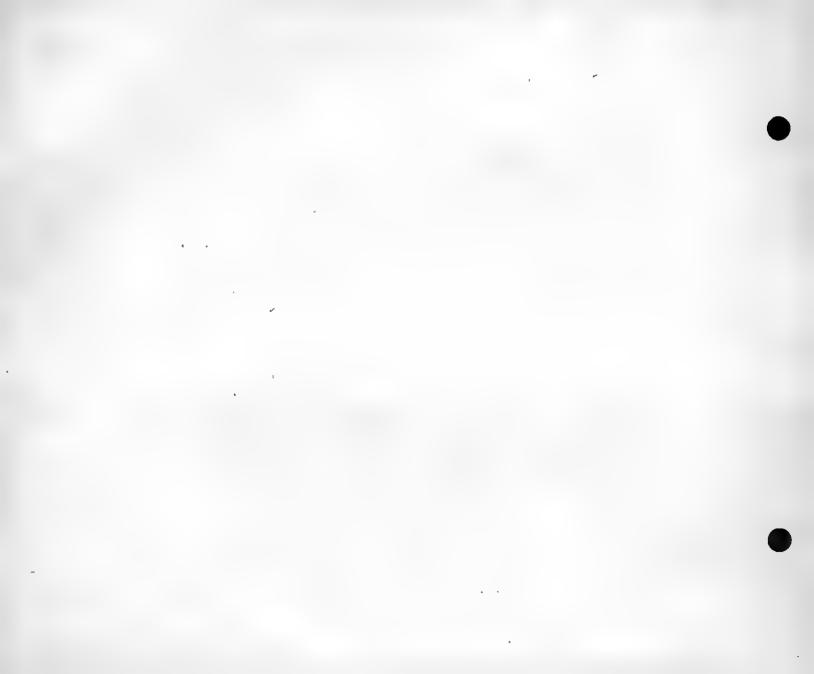
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05670 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a STATE b. COUNTY MARYLAND Maryland Prince George's Prince George!s b CITY OR TOWN (f autside corparate mi c LENGTH OF STAY IN 1b c CITY OR TOWN (If autside corparate limits, write RURAL and give negrest town) write RURAL and give necrest town) Fairmont Heights
d STREET ADDRESS Cheverly DOA

d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE with form ON A FARM? in Item 18, Give Pages 907 60th, Avenue NO 😿 Prince George General Hospital 4 DATE DECEASED (Type or print) DEATH Agnes Mennis e certificate, writing the word "pending" in pencil in Item 18. Give should be farworded to the Chief Medical Exominer's Office along 5 SEX 6 COLOR OR RACE 9 AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARR ED NEVER MARR ED 8 DATE OF BRTH Months lost birthday) event within 72 haurs ofter death W DOWED DIVORCED Female Negro

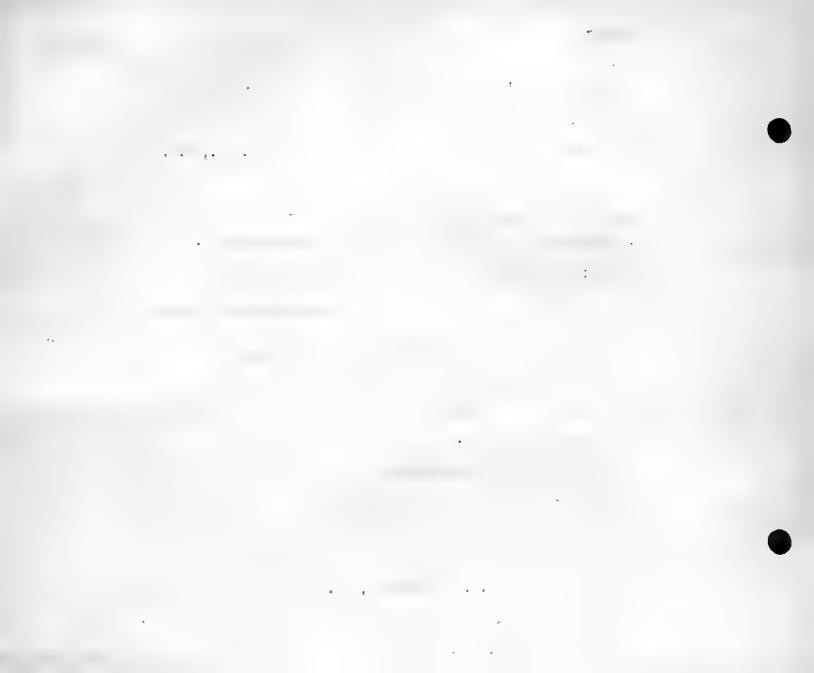
100 USUAL OCTUPATION (Give kind af work dane 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 B RTHPLACE (State or fare an country) dur ag most of working , te, even pretired) COUNTRY? INDUSTRY Deniestic 13 EATHERS, NAME-14 MOTHERS MADEN NAME be executed within IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give war or dates of service) Elizabeth Marshall 967-60th Jue INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart failure This certificate should Hypertensive arteriosclerotic heart disease over 5 yrs. Canditions, if any, which gave rise to immediate cause (a). **DUE TO** stating the underlying cause be used 19 WAS AUTOPSY PERFORMED? ar remayal, PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CATION NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 1B.) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year 20d NJURY OCCURRED 20e PLACE OF INJURY (Hame, farm) (City or town) (County) (State) factory, street, office bldg., etc.) at wark Inqu'ry [X], 21. I certify that I taak charge of the remoins described above, held on Autopsy Inspection X and in my opinion Natural cooses XV death resulted fram. Accident / Su cide Ham.cide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MED CAL EXAM NER SIGNATURE DEPUTY MEDICAL EXAM. NER Riverdale, Md. 4-10-67 John Kehoe, M.D. Address (Street city town or county) NAME , Type) 230 FUR TO REMATION 23b. DATE THEREOF REMOVAL (Specify) 24 FUNERAL DIRECTOR Washingtondsons VR ATSME (51



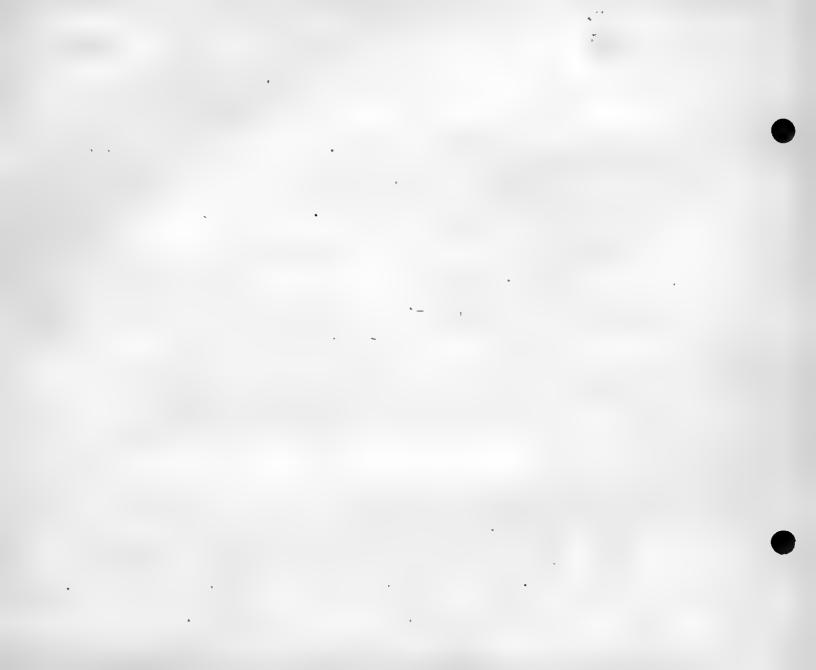
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 95671 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o STATE Maryland o. COUNTY Prince George's 2, and 3 to PM3. Page Prince George's MARYLAND delay State Department b CITY OR TOWN (If outside corporate imits write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate I m ts. write RURAL and give nearest town) Cheverly DOA Forestville d NAME OF HOSP TAL OR INST TUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? the certificate, writing the word "pending" in pencl in Item 18 Give Pages 1, "4 should be forworded to the Chief Medical Examiner's Office along with form 8122 Redwood Drive Prince George's General Hospital NO IX YES NAME OF M ddle Lost 4 DATE Month Year DECEASED OF Dykes Meunier Earl (Type or print) 19 67 DEATH S SEX 7. MARRIED X 9. AGE (In years 6. COLOR OR RACE 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthdov) Months Dovs white in any event within 72 hours after death. male WIDOWED D YORCED 3-1-22 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT II BIRTHPLACE (State or foreign country) during most of working life, even if retired) Retail COUNTRY? Retired Industry Washington D. C. HEA 13 FATHER'S NAME 14 MOTHER'S MA DEN NAME s certificate should be executed within Charles Meunier Genevieve Dykes IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMANT bur ol-tronsit permit. (Yes, no, or unknown) (If yes give war or dates of service) Kathervn R. Meunier Same As # NO 1B CAUSE OF DEATH (Enter on y one couse per line for (o), (b) and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (0) Heart Failure **DUE TO** Conditions, if any, which gove Arteriosclerotic Heart Disease over 2 vrs. rise to immediate couse (a), DUE TO stoting the underlying couse 50 removol, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? CERTIFICATION YES 🗍 NO X 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Port or Port 1 of tem 1B.) 3 should cremation, or PRIMARY I or CONTRIBUTING I CAUSE OF DEATH R 20r T.ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Store) SE SE foctory, street, office bldg, etc.) Not While of work of work 21 I certify that took charge of the remains described above held on Autopsy Inquiry X. Inspection X ond in my opinion may be retained for FUNERAL DIRECTOR: the funerol director. death resulted from. Notural couses X . Accordent Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER Health prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 4-8-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME Types John/Kehoe M.D., Riverdale, Maryland Address (Street, city, town, or county) 230 BURIAL, CREMAT ON 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 50 REMOVAL (Specify Prince Georges, Maryland Washington National Burial 250 REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home VR A15ME (5k 6M 1/67 4308 Suitland Road, Suitland, Maryland



,		EPARTMENT OF HEALTH	
<i>†</i>	OF CPA	STON STREET, BALTIMORE, MARYLAND 21201	e. b
FOR STATE	05672 MEDICAL EXAMINER	S CERTIFICATE OF DEATH	05672
HEALTH DEPT	1 PLACE OF DEATH O COUNTY	2 USUAL RESIDENCE (Where deceased lived, if institution of STATE by COL	
delay is ond 3 to M3 Page	Prince George's MARYLAND	D C.	-
and 3 Pa	b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest lawn)	t CITY OR TOWN (If outside corporate limits, write RI	JRAL and give neorest town)
any deli 2, ond PM3	Riverdale 7 days	Washington d Street ADDRESS	e preudence
S = S = 13	d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address)		e S RESIDENCE ON A FARM?
	Leland Memorial Hospital 3 NAME OF First Middle	2020 32nd St S.E.	YES NO Doy Year
ded e Po wit	DECEASED (Type or print) Mamie B	Meyer OF DEATH 4	22 19 67
ofter death 8. Give Page along with t	S SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED	B DATE OF BIRTH 9 AGE (in years	F UNDER 1 YEAR 1F UNDER 24 HR
N	Female White W DOWED DIVORCED	1-18-1878 lost birthday)	Months Days Hours Min
24 hours in Item 11 r's Office es lond offer deold	100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	11 BIRTHP.ACE (State or foreign country)	12 CTIZEN OF WHAT UUNBY? A
	during most of working life eyen if retired) Housewife INDUSTRY at home	Washington, D.C.	GTD',A.
h h nine nine pog	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
d with n in pencil Examine File pog	William H Brewer Is was deceased ever in u.s. armed Forces? I 16 social security no I ii	Mary Ward 7 INFORMANT Add	and a second
uted Galli	(Yes, no, or unknown) (If yes give wor or dates of service)		
should be executed within 24 in word "pending" in pencil in to the Chief Medica! Examiner's bunol-tronsit permit. File pages any event within 72 haurs offer	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	Harryett. Crump. same a	IS 2.D INTERVAL BETWEEN
be e 'per ief / ie	PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Heart failure		ONSET AND DEATH
ord long the long of the long	DUE TO Arteriosclerotic	heart disease	days
shouse with the three only	Conditions, if any, which gave (b) (b)		
ficate s ing the ided to os o bi and in	stoting the underlying couse (DUE 10		
	lost (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	TO THE TIPE HAD DIFFER CONDITION OF HER DADY 1/-)	V2QOTILA 2AW 01
This cert frificate, writh Id be forward by the used or removol, control of the used or removol, control of the used or removol, control of the used o	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	10 THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES \ NO \(\bar{D} \)
MINER: This the certificate, the certificate, a should be four files. In files. e 3 should be used a should be used?	Fracture of left hip. 200 EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH 200 TIME OF INJURY Manth Day Year Hour or m Hour or m While Not while T	ED (Enter nature of injury in Port I or Port II of item 1B.)	152
INER: Thi e certificat should be files. 3 should be tan or ren	PRIMARY I or CONTRIBUTING IX	, , , , , , , , , , , , , , , , , , , ,	
EXAMINER: cute the cert oge 4 should your files. Page 3 should crematian, or crematian, or	CAUSE OF DEATH 20c TIME OF INJURY Manth Day Year 20d INJURY OCCURRED 20e 1	PLACE OF NJURY (Home, form 20f (City or town)	(County) (State)
	10:40pmem 4-15- 1967 While Not while of work	foctory street office bidg etc.) Same as #	2
MEDICAL EXA please execute director Poge retoined far yo DIRECTOR: Pog DIRECTOR: Pog r to burial, crer	21 1 certify that I taak charge of the remains described above,	held an Autapsy 🔲 , Inspection 🙀 , Inq	uiry 🔽 , and in my apini
e exector Prical	death resulted from. Natural causes Accident 🕵, S	uicide 🔲, Hamic de 🔲, Undetermined n	nanner 🗌
MED leas direction to In	ACTUAL / Ser	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNE
0	SIGNATURE	DEPUTY MEDICAL EXAMINER (X)	
DEPUTY MEDICAL Becassory, please exect the funeral director Possing's may be retained far 5 FUNERAL DIRECTOR:	EXAMINER'S NAME Type) John Kehoe, M.D. Riverdale, 1	Address (Street, city town or county)	4-24-67
TO DEPU necessol the func 5 may 1 TO FUNE Heo'th	230 EURIAI CREMATION 236 DATE THEREOF 230 NAME OF EMETERY (OR (REMATORY Z20 ,OLATION ,ity or 7	1
F - 4.5		l Cemetery Suitland.	
VR A15ME (5)	24 FUNERAL DIRECTOR ADDRESS		EGISTRAR'S SIGNATURE
6M 1/67	Lee Funéral Home. 300.4th st N E	DAPR 27 1967 97	maring Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05673 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death puo 2 USUAL RESIDENCE (Where deceased lived, if Institut an Residence before admission) PLACE OF DEATH a. COUNTY a. STATE District of Columbia Prince George **MARYLAND** C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If autside corporate limits, write RURAL and give peprest towq) 19 days Washington Hyattsville e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS Sacred Heart Home, 5805 Queens Chapel Rd. 913 Jackson Street, N.E. NO K YES | Middle 4. DATE 3. NAME OF First Last Manth Day Year DECEASED OF DEATH April 19 67 Marguerite 16 Moore (Type or print) YEAR IF UNDER 24 HRS AGE (In years IF UNDER S SEX DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED K last birthday) Manths Haurs Davs white WIDOWED DIVORCED Aug. 23, 1891 female ond in and 12 CITIZEN OF WHAT 10a USUA, OCC. PATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (Caunty & State or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? United States Legal work
13. FATHERS NAME Philadelphia, Pa. 14 MOTHER'S MAIDEN NAME Richard F. Moore Mary A. Rodgers 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give war ar dates of service) Sacred Heart Home, Hyattsville, Maryland 578-62-2462 unknown 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-tronsit p burial, crematic ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause Poge 4 may be retoined by the hospital or ottending as the prior to **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the last 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNLEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING TCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, form, (City or lawn) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Nat While factory, street, affice bldg., etc.) at work 21. I certify that (I) (this hospital) attended the deceased from D.C. 1966 1967, and that death accurred at 1420 M. fram causes and an the date stated above saw the deceased alive an Chris 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. **ATTENDING** MED. DIRECTOR director, page 3 shauld be filed v M.D. 22d ADDRESS 22c/ PHYSICIAN'S NAME (Type) John F. Brennan. 1034 Perry St., Washington, D.C. M.D. Jr. 20017 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (State) 23b. DATE THEREOF 23a BURIAL, CREMATION, RENGYAL Specify) 4/19/67 Mt.Olivet Cemetery Wash.,D.C. Funeral ADDRESS Mt. Rainier 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Nalleva Menley VR A15 (4) Inc. Maryland Home 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 95674 CERTIFICATE ÖF DEATH law requires that the death certificate be executed within 24 hours after death and campletely filled in by the funeral remave carban papers. Pages ! and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY o STATE b. COUNTY **MARYLAND** CITY OR TOWN (If outside corporate mits. c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give redrest town) write RURAL and give nearest town) oan papers. Pag within 72 haurs RREN YATTS VILLE & NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM? YES NO F 3 NAME OF Middle 4 DATE Doy Year DECEASED OF DEATH 19 6 7 (Type or print) CHALDI BO last birthdoy) S SEX IF JNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED 8 DATE OF BURTH NEVER MARRIED ease remave Months Dovs Hours end in ony WIDOWED DIVORCED 100 _SUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY HOUSEWIFE 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN US ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) If If yes give wor or dotes of service cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c).) signed by the burral-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying cause 'O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained By thm haspital ar attending as the priar ta O FUNERAL DIRECTOR: After this certificate has been lost. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use YES NO: 200 ACCIDENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) detached f te Dept. af 1 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) with the State Dept. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or Iown) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour o.m. Not While 19 of work ot work should be 19 (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from 194 2 . to and that death accurred at 5 m. M. from causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D PHYS PHYS. director, page shauld be filed 22d ADDRESS 22c. PHYSICIAN'S 1000 NAME (Type) 236 BUR AL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) LEARRENTOL 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. PUNERAL DIRECTOR VR A15 (4) 20 M 1/66





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05676 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission. Prince George's o STATE Maryland MARYLAND Prince George's h (LTY OR TOWN (f autside carparate limits, c CITY OR TOWN (If autside carparate imits, write RURAL and give nearest town) State Department C LENGTH OF STAY IN 15 write RURAL and give nearest town)
Camp Springs 24 hours Brandywine d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS should be forwarded to the Chef Medical Examiner's Office along with form Andrews Air Force Base Hospital 6-14 Cedarville Trailer Ct 4 DATE DECEASED Mulcahy Donald April (Type or print) n. DEATH 9 AGE (In years IF UNDER 1 YEAR 5 SEX 7 MARRIED 🔀 8 DATE OF BIRTH 6 COLOR OR RACE NEVER MARRIED . last buthday) white male 11 Feb. 1935 W DOWED D VORCED 11. BIRTHPLACE (State or fare gn country) 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 13 FATHER S NAME SAME AS (Yes, nator aknown) (If yes give war ar dates at service) VERDA. N. MUGCAHY INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. Laceration of brain IMMEDIATE CAUSE (o)_ DUF TO In any 6 Conditions, if any, which gave) 24 hours Multiple skull fractures rise to immediate couse (a). DUF TO stating the underlying cause 24 hours Trauma - motorcycle accident PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY or removol, PERFORMED? NO DE 20a. EXTERNAL CAUSE WAS PRIMARYX or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature at injury in Part I at Part II at item 18.) Driver of motorcycle which skidded and overturned. CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Hame, form 20f (City or town) (County) 20d INJURY OCCURRED (State) While at work I al work 10:30am 4-29-67 19 Ceda treet of the bidg Rd 15 miles from Brandywine see 21 | certify that I took charge of the remains described obaye, held on Autopsy | | Inspection x Inquiry 🖟 , ond in my opinion Accident to// deoth resulted from. Notural couses Undetermined monner Surcide [Homicide | funeral director CHIEF MEDICAL EXAM NER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAM NER SIGNATURE DEPLTY MEDICAL EXAMINER TO 4-30-67 John Kehoe, M.D. Reverte de la la county) 23d LOCATION (City or Town) DATE THEREOF 23r NAME OF CEMETERY OR CREMATORY VR A15ME (5) ochanles 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05677 95677 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DENTA 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY 2, and 3 ta PM3. Page o STATE b. COUNTY delay is and 3 ta Prince George's

b (ITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) MARY, AND Maryland Prince George's th the State Department OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Riverdale DOA Hyattsville
d STREET ADDRESS d NAME OF HOSPITAL OR NSTITUT ON (If not in hospital, give street oddress) S RESIDENCE ON A FARM? the certificate, writing the ward "pending" in pencl in Item 18. Give Pages 1, " 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm 5408 40th. NO 🔀 Leland Memorial Hospital Avenue This certificate shauld be executed within 24 haurs after death cate, writing the ward "pending" in pencl in Item 18. Give Page NAME OF Middle 4. DATE Month DECEASED (Type or print) Murphy Robert DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years lost birthdoy) Months Hours WIDOWED DIVORCED [Male White 4 Oct. 1896 70 11 BiRTHP, ACE (State or foreign country) 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 C TIZEN OF WHAT RetrostSalesteMatrager Autorriobile Co. TOUNTRY?A. Nabraska 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME within 72 haurs Robert P. Murphy Sallie A. Gale 15 WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOC AL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes, nive, wor or dotes of service) 281 12 9075 Rose D. Murphy Same as #2 (wife) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY minutes in ally event IMMEDIATE CAUSE (a) Heart failure DUE TO Arteriosclerotic heart disease over 1 yr. Conditions, if any, which gave rise to immediate couse (a). DUE TO stoting the underlying couse and be used 19 WAS AUTOPSY PERFORMED? remayal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO SE 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1 of item 18) 3 shauld PRIMARY I or CONTRIBUTING I crematian, ar MEDICAL EXAMINER: CAUSE OF DEATH. MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home farm (City or town) (Stote) 20c TIME OF INJURY Month, Doy, Year (County) foctory, street, office bldg., etc.) 21. I certify that taak charge of the remains described above, held an Autopsy ... Inspection x, Inquiry x, and in my apinian Natural causes 🛣 Suic de [the funeral director. death resulted fram Accident Undetermined manner Hamic de be retained FUNE AND DIRE CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TO Riverdale, Md. John Kehoe, M.D. Maoth Address (Street, city town or county) NAME (Type) 23b DATE THEREOF 4/6/67 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURA CREMATION (County) (Stote) 0 Burya Epicify) Alexanderia National Alexanderia Va.

ADDRESS

Francis Gasch's Sons Hyattsville, Md.

250, RECD BY REGISTRAR DATE

VR A15ME (5)

24 FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05878 05679CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Prince Georges Maryland MARYLAND Prince Georges b (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate hmits, write RURAL and give nearest tawn) 2 hrs. 40min. Hyattsville. Riverdale d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Leland Memorial Hospital 5816 Maryhurst Drive YES NO K NAME OF First Middle Lost 4. DATE Manth Year DECEASED Mary Esther (Type or print Myers April 16 DEATH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 10st berthdoy) Months Hours White 4-15-95 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11, BIRTHPLACE (County & State, or foreign country) INDUSTRY COUNTRY? government Mo. 14. MOTHER'S MAIDEN NAME Blanche Cunningham 16 SOCIAL SECURITY NO 17. INFORMANT Address JARMINE RD. JOHN H. MYERS MORE INTERVAL BETWEEN IMMEDIATE CAUSE (a) DUE TO (b) DUE TO WAS AUTOPSY PERFORMED? NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Haur 'a.m. factory, street, affice bldg., etc.) at wark M, from causes and on the date stated above. and that death accurred at

Female 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) secretary 13. FATHER'S NAME William Corrigan IS WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, na, ar Joknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per time for (a)
PART I. DEATH WAS CAUSED BY: Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20a ACCIDENT WAS JNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF IN. JRY Month, Doy, Year 21. I certify that (1) (this hospital) attended the deceased from saw the deceased alive an 22a. SIGNATURE DATESIGNED DIRECTOR ADDRESS 22c. PHYSICIAN'S NAME (Type) 230 BURIAL CREMATION NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) BLADENBURG LINCOLN 2Sa REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

O FUNERAL DIRECTOR: After Page 4 may be retained by director, page 3 shauld be filed v

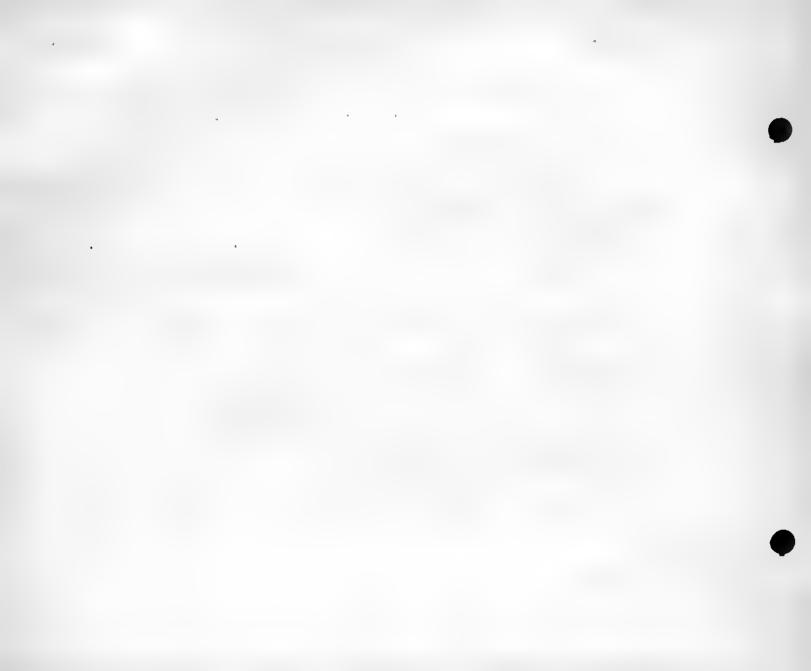
this certificate has been signed by the attending physician and completely filled in by the funeral statished for use as the burial-transit permit. Then please Permaye carban papers. Pages 1 and 2 bept. of Health prior to burial, crematian, ar remayal, and in anyevent, within 72 haurs after death

burial, crematian,

detached for

SEX

law requires that the death certificate be executed within 24 hours after deat



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence Before dimission) a. COUNTY b. COUNTY after Prince Maryland Prince Goorge County George MARYLANO CITY OR TOWN (if outside corporate limits, Write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b þ hours Greenbelt Ξ. Greenbel t papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Ridge Road 44 K Ridge Road NO X YES etely executed within Mon 3. NAME OF DATE First Middle 4. Month Day DECEASED 1967 ve car (Type or print) DEATH 5. SEX 6. COLOR OR RACE AGE (In years F UNDER 24 HRS IF UNDER 1 YEAR ove y 7. MARRIED NEVER MARRIED last birthday) Months Dava Hours any Nov. 3,1903 WIDOWED . DIVORCED 63 White Female 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT <u>.</u> 11. BIRTHPLACE (County & State, or foreign country) physician death certificate be COUNTRY? and Housewife-Waitress At Home II S removal. 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending ph Zanes T. Sturgis
15. WAS DECEASED EVER INU.S. ARMED FORCES? Oliver Address 2624 Conn. Md 17. INFORMANT 16. SOCIAL SECURITY NO. Dermit. 0 (Yes, no, or unkown) | (If yes give war or dates of service) Ave.Columbia No None cremation, Unknown Joseph the INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). ial-transit ONSET AND DEATH á, PART I. DEATH WAS CAUSED BY: hospital or attending physician. signed IMMEDIATE CAUSE (a) burial-t burial, DUE TO Conditions, If any, which peen gave rise to immediate r the DUE TO stating the as th underlying cause last. certificate has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 119. WAS AUTOPSY PERFORMED? for use Health YES No 20a, ACCIDENT WAS UNDERLYING [20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) οť r this cert detached OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. MEDICAL 20c. TIME OF INJURY Month, Day, Year (Stete) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bidg., etc.) Hour a.m. After Not While While ģ at work at work TO HOSTAL DIRECTOR, A
TO FUNERAL DIRECTOR, A
Trector, page 3 should be retained should the 21. I certify that (I) this hospital) attended the deceased from. and that death occurred at 122M, from the causes and on the date stated above. saw the deceased alive on 22a. SICNATUR 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS 22c. PHYSICIAN'S ADDRESS NAME (Type) TONSVIL NAME OF CEMETERY OR SPENATORYX BURIAL DREADCOUNT. REMEMBLY (Specify) LOCATION (City, town or county) (State) 23a. 23b. DATE THEREOF Buria REC'D BY REGISTRAR 25b. Arlington National REGISTRAP ADDRESS 24. FUNERAL DIRECTOR 25a. CHAMBERS CO., Riverdale, Md. VR A15 (4) 15M 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05681 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission physician and campletely filled in by the funeral en blease fem<u>ave carban papers.</u> Pages 1/an<u>d</u> o COUNTY o. STATE PRINCE GEORGE'S MARYLAND CLENGTH OF STAY IN 36 b CITY OR TOWN (If autside carparate limits, c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) ANDREWS ATRIVE FORCEBASE LOTHIAN 10 Hrs 32 Min d NAME OF HOSP TAL OR INSTITUTION (fingt in haspital, give street address) d. STREET ADDRESS PME, LOT 135A ON A FARM? within 72 USAF HOSPITAL ANDREWS NO A femove carban in any event, with NAME OF First Middle Lost 4 DATE Month уедт 19 67 DECEASED JOSEPH KEITH PARKER APRIL (Type or print) DEATH S SEX AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH Months CAU 3 APR 67 Davs 32 MALE WIDOWED DIVORCED 11. BIRTHPLACE (County & Stopp of the Found TORGE 10b. KIND OF BUSINESS OR 10o USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT and in during most of warking life, even if retired)

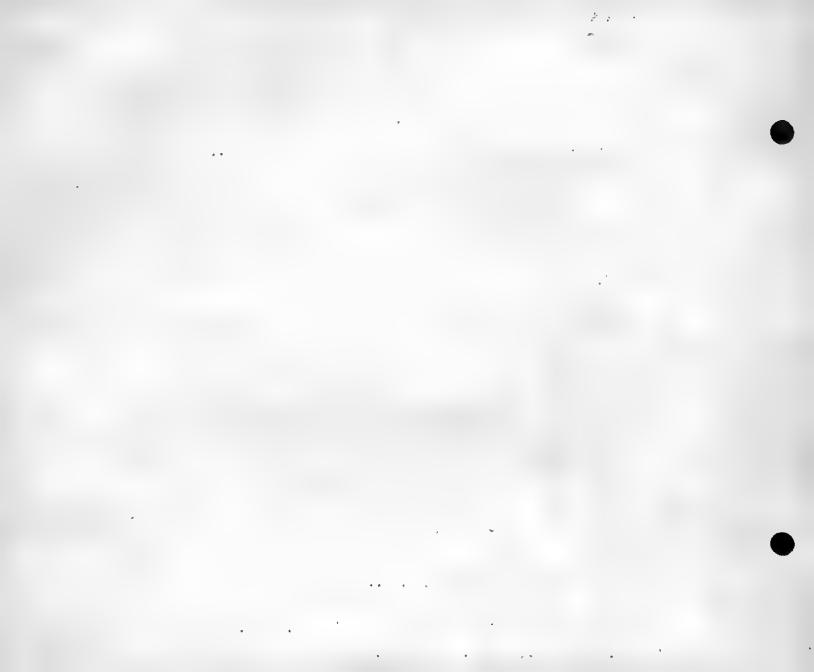
NONE INDUSTRY USA the attending physician sit permit. Then please ANDREWS AFB. NA 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME ar remayal. ABRAHAM (NMN) PARKER PATTI ARLENE LA POINTE 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes na ar unknawn) (If yes give war ar dates af service) FATHER #, SAME AS # 2 NONE crematian, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p CARDIORESPIRATORY FAILURE 10 HRS DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. 10 HRS MEMBRANE DISEASE DUE TO HYALINE Canditions, if any, which gave (b) rise to immediate cause (o). DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta l lost. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Hour om. factory, street, affice bldg., etc.) Nat While at work 3 APRIL 1967 to 3 APRIL 1967 that (A (we) last and that death accurred at OTOO PM, fram causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS 3 APRIL 1967 T 22d ADDRESS USAF HOSPITAL ANDREWS, ANDREWS AFB, WASH 22c PHYSICIAN'S SPITZER.CAPT.USAF.MC NAME (Type) 23d LOCATION (City or Tawn) 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Steep Falls Cemetery, Inc. Steep Falls , Maine April 6-67 ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FILMERAL DIRECTOR VR A15 (4) 20 M 1/66 DATAPR 6 1967 1661-Gd. Hope Rd. SE. Wash. DC Simmons Bros.

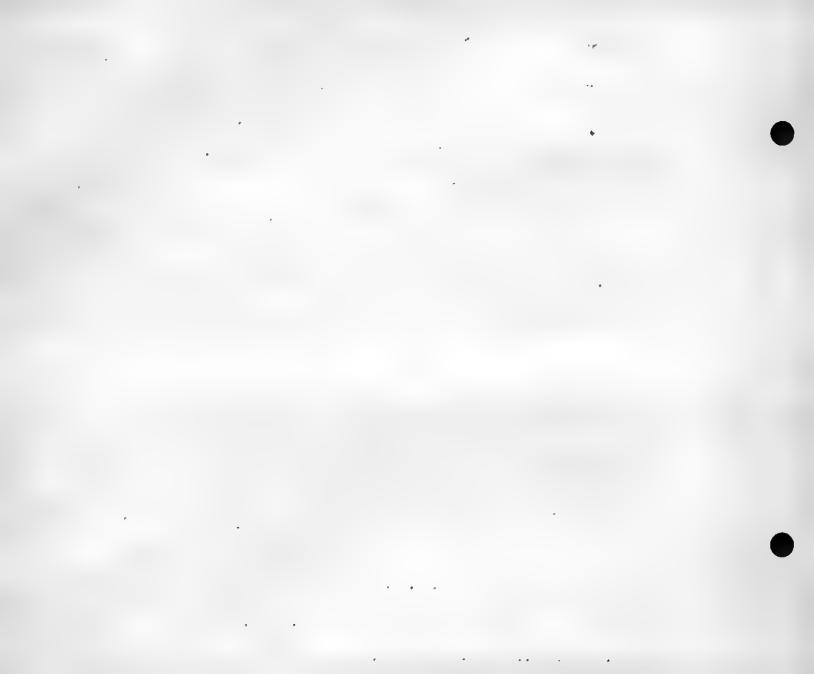


		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI	RYLAND
41		05682 CERTIFICATE OF DEATH	5000
A 3 1	1,	PLACE OF DEATH 2. USUAL RESIDENCE (Where decased fived, if institution; its	sidence before admission
45.		. COUNTY PRINCE GEORGES CO MARYLAND . STATE MP. B. COUNTY PRINCE	LE GEORGE
deat		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	give nearest town)
101		Landover Hills	
2		d. NAME OF HOSPITAL OR INSTITUTION (if foi in hospital, give street address) d STREET ADDRESS	. IS RESIDENCE
7		Prince Georges General Hospital 6814-Resatur St.	ON A FARM
	3.	NAME OF First Middle Last 4, DATE Month	Dey Year
ı		(Type or print) WILLIAM P. PARRISH DEATH APRIL	14 1967
	5.	SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y	
		MINUTE CAUCAS. WIDOWED DIVORCED Jan 3 1926. Le 3 yrs. Months	ays Hours Min.
	10e		EN OF WHAT COUNTRY
		Engineer US Government New York US	5 A-
	13.	FATHER'S NAME	**
		John W Parrish May Prest	
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address W W I I W W I I No. SOCIAL SECURITY NO. 17. INFORMANT Address Birdie Parrish Landover Hills Md	_
ŀ	MT No.	7	•
		18. CAUSE OF DEATH [tnier only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) CARDIAL ARRHYTHMIA, TUBRICLATION	
		// · · · · DUE TO	KOUTE
		Conditions, if eny, which severise to immediate cause (b) MYOCARDIAC (5CHEMIA	
ŀ		(e), stating the underlying DUETO	MURE
		cause last. (c) ATHERO SCLEROTIC MEART DISEASE	5 YRS
	₽ N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(a) 19. WAS AUTOPS) PERFORMED?
ŀ	Ϋ́	CHRONIC BRONCHITS	YES NO
	CERTIFIC	20a ACCIDENT WAS UNDER-YING ☐ CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] 20b. DESCRIBE HOW IN. JRY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.)	
	CAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Count Hour s.m. While Not While fectory, street, office bidg., etc.)	y) (Steta)
	MEDI	Hour s.m. While Not Wh'le tectory, street, office bidg., etc.)	
		21. I certify that (I) (NEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	7 that (1) (wa) 1:
		saw the deceased alive on APRIL 14/ 19.67, and that death occurred at . / AM, from the causes and on the	
		220. SIGNATURE	22b. DATE
		ATTENDING MED. STAFF PHYS. April DIRECTOR PHYS. April	1 14,1967
		22c. PHYS/CAN'S NAMY (Type) Tomas LI Handing M D	
l		James w. narding, M.D. 7601 KIVELANCE RU, NE	W CARPOLU
	236	BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county)	
		Burial April 17, 1967 Ft Lincoln Cemetery Colmar Manor Pro G	eo Md.
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250, REGISTRAY'S SI	THE THE
	<u> _</u>	F. Gasch's Sons Hyattsville, Md.	1 0



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 vision of STATISTICAL RESEARCH TROM DIT Item #11 infor. taken from bir CERTIFICATE ÖF of filled in by the funeral py papers. Pages 1 and 2 fithin 72 hours after death law requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission I. PLACE OF DEATH b COUNTY a. COUNTY a STATE Prince Georges Maryland Prince Georges MARYLAND b (ITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) t LENGTH OF STAY IN Th c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 5 hrs.51 mins Hvattsville Cheverly & STREET ADDRESS IS RES DENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 14 7216-79th YES NO F Prince Georges General Hospital Ave 3 NAME OF Eirst Middle last 4 DATE Month Year Doy DECEASED HAIL (Type or print) Baby Boy Pasch DEATH April 19 67 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 8. DATE OF BIRTH 6 COLOR OR RACE NEVER MARRIED 7 MARRIED lost birthday) Manths Days Hours physician and ce DIVORCED WIDOWED April 12, 1967 Male White gn 11 BIRTHPLACE (County & Stote, or foreign country)
Cheverly, Pr. Geo. Co. 12 CITIZEN OF WHAT Ina USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDESTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending phys removal. Catherine Ann Simone Bruce E. Pasch IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknown) ((If yes give war or dates of service) 16 SOCIAL SECURITY NO 17 INFORMANT Address 10 crematian. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY burial-transit p ONSET AND DEATH signed by t IMMEDIATE CAUSE (a) attending physician. DUE TO Canditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse as the priar ta O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use Health NO [YES 🛣 be retained by the haspital ar į 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 203 INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20x TIME OF INJURY Month, Doy, Year Hour a.m. factory, street, office blda, etc.) Not While at wark Opt work pe 21. I certify the (this hospital) attended the deceosed from April 12, 1967, to April 12, 1967, that (x) (we) lost sow the deceosed olive on April 12 1967, and that death accurred at 7:24 M, fram couses and an the date stated above. 1110 rate 22b. DATE SIGNED 22a SIGNATURE STAFF M.D DIRECTOR PHYS. director, page should be filed 22d. ADDRESS TO HOSPITAL (Page 4 may b 22c PHYSICIAN'S Alvarado, M. D.. NAME (Type) Bernardo Prince Georges General Hospital 23c. NAME OF CEMETERY OR CREMATORY 23d. 10CATION (City or Yown) (State) 236 DATE THEREOF (County) 230. BURIAL, CREMATION, REMOVAL (Specify) 129/6 Cremation Cheverly REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Penn, Admin. Cheverly, Maryland Jrv.





MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STAT

This certificate should be executed within 24 hours after death. If any delay is

in pencil in Item 18. Give Pages 1, 2, and 3 to Examiner's Office Along with form PM3 Page

dong with form

Page 4 should be forwarded to the Ch ef Med cal Examiner's Office.

pending

necessory, please execute the certificate, writing the word

the funeral d rectar

TO DEPUTY MEDICAL EXAMINER:

with The State Department

Hea th prior to burrol, cremation, or removal, and in any event within 72 hours after death 5 may be retained for your files.

TO FINERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2

DECAR

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ì.	PLACE OF DEATH					2 USUAL RESIDE						
	O COUNTY Pr	ince Georg	e's	MARYL	AND :	o STATE Mai	ryland	b	COUNTYPrin	ice G	eorg	ge's
	b GTY OR TOWN (I	f autside corporate im	its,	C LENGTH OF STAY IN	1b	C C TY OR TOWN		orate limits, writ	e RURAL ond go	e nearest	town)	
	RI	verdale		DOA		Cli	inton			,	,	
Г		L OR NSTITUTION (IF		3		d STREET ADDRES				e	IS RES I	DEN(E
L	Princ	e George's	Genera	al Hospital		9222	Woodya	rd Rd.		Y		NO XXX
3	NAME OF DECEASED		First	Midale		1204	4 DAT	E	Month	Doy	Ye	10
L	(Type or print)		arvin	William		Peters	DEA		4	8		67
S	SEX	6 COLOR OR RACE	7 MARR ED			DATE OF BIRTH		9 AGE (In year	rs IF JNDER y) Months	1 YEAR Days	IF UNDER	R 24 HRS I Min
L	Male	White	W DOWED			5 August		J				
dı	is us motest to the second of	(Give kind of work don ite even fretyng)		CIND OF BUSINESS OR NDUSTRY		li Birthplace Nest		n country)	12 (ITIZEN OF OUNTRY (J.S.	Α.
1,	FATHERS NAME	am Peters				14 MOTHER 5 MA	AIDEN NAME	Pol	land			
1	S WAS DECEASED EVE	RIN LIS ARMED FORCES	7 16	SOCIAL SECUR TY NO	17 1	NFORMANT			Address			
((\$ Agorunknown)	(fyesig valuvor ot dates	s of service)		1	Cospit 1	Mecor	ls				
F	1 IB. CAUSE OF DE	ATH (Enter only one co	ouse per line fo	r (o) (b), and (c).)						NTE	RVAL BET	WEEN
PART I DEATH WAS CAUSED BY Shock and hemorrhage							ONSET AND DEATH					
	1	(E TO Bi	lateral hemo	otho	rax and m	multipl	e fractu	res -			
	Conditions, if ony,		(b)	(Right tibia	a an	d Fibula	,					
	rise to immediate		IE TO	Left tibia	and	fibula						
	lost)	(c)	Right Femu	හ					<u> </u>		
MED CAL CERTIFICATION	PART I OTHER SIG	SN.F.CANT CONDITIONS	CONTRIBUTING	ALIST TON THE HTA3D OF	TED TO T	HE TERMINAL DISEA	SE CONDITION O	GIVEN IN PART 1()	2)	19 YE	WAS AUTO PERFORM	DPSY IED? NO 🔀
TELC	2Do EXTERNAL CA	JSE WAS	20b D	ESCRIBE HOW INJURY OCC	URRED	Enter noture of inju	ury in Part I or	Port I of tem E	3)			
GR	PRIMARY Or CON CAUSE OF DEATH	IIKIBUHNU 🗆		Struck by ca	ar w	hile cros	ssing s	treet				
20c Time OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2 2De PLACE OF INJURY (Home, form 2Df (City or town)						ounty)		(Stole)				
ME	2:00 am	4-8 19	67 of wo	e Not While X	Rt "5"	, at Ale	kandria	Ferry F	Rd P	.G.		Md.
			ge of the re	mains described abo	ove, he	ld an Autapsy	, Inspe	ection X,	Inquiry 🗓,	and	in my	apinian
	death result	ed fram Natu	ral pauses [Accident X	/)Suice	de 🔲, Ham	ncide	Undetermine	d manner [
	ACTUAL	/1	1:	100		CHIEF MI	EDICAL EXAM NE	R				
	SIGNATURE	4/1	Mrs.	1126	1	- I'M D	IT MEDICAL EXA	mild.			2. DATE	
	EXAMINER'S	John Keho	a M D	., Riverdal	Δ.		MEDICAL EXAMI	_		4/	/8/61	/
-	NAME 'Type)	+ +	-	23c NAME OF CEMET			(Street, city to	vn or county) LOCATION (Elty (÷	7 . 3	-	1 4 . 2
2.	BUR AL CREMATIC	/ /					23d	LUCAT ON (City o	WI,	(County)	Va.	tote)
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	yson he	eler une	r . 110	me-1331 to	ckvi	ille Hik	APR 1	1967	foliar	400	mog	2
1			Rock	ville. Ad.		DAT			<u> </u>			

VR A 15ME (5)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05687 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) law requires that the death certificate be executed within 24 hours after deat Prince Georges a COUNTY o. STATE Prince Georges Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b write RURAL and give negrest town) (Adelphi) 28 days Hyattswille d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS Prince Georges General Hospital 8406 Adelphi Road YES NO 3 3. NAME OF DATE First Middle Year Lost DECEASED
(Type or print) OF DEATH Edith Peterson April 27 and in ony event, 19 67 9. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS S SEX 6. COLOR OR RACE 8 DATE OF BIRTH 7. MARRIED **NEVER MARRIED** lost birthday) Months Doys Hours Female White WIDOWED DIVORCED | 10 Oct. 1901 65 ottending physician ond, sermit. Then please rem TOB. KIND OF BUSINESS OR 10a USUA, OCCUPATION (Give kind of work done 11 B.KTHPL ICE (County & State, or foreign country) 12 CITIZEN OF WHAT during make of working life, even if retired) Own Home OUNSY?A. New Jersey 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal Frank Kartlai Sophia Westerlund 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service 578 46 2090T Norman E. Peterson: Sr. Same as #2 cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c))-PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) ONSET AND DEATH ar emoma 157% DUE TO on Was Conditions, if any, which gave 3 rise to immediate couse (a), DUE TO stating the underlying couse certificate has been WAS AUTOPS)
PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20o ACCIDENT WAS UNDERLYING TO State Dept. of H OR CONTRIBUTING CAUSE OF DEATH (1F EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour 'o.m. Not While of work 21. I certify that (1) (this hespital) attended the deceased from ______ 1, to April 27, 1967, that (I) (1949) last and that death occurred at 30AM, fram causes and on the date stated abave. saw the deceased alive an Anril _1%7_ 22o, SIGNATURE STAFF M.D DIRECTOR director, poge should be filed 22c. PHYSICIAN'S FUNERAL NAME (Type) Aaron Deitz, M. D. Prince Georges Plaza, Hyattsville, Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF 23o BURIAL CREMATION. (County) (State) 4/29/67 B REMOVAL (Specify) George Washington Hyattsville P.G. Md. 0 ADDRESS 24. FUNERAL DIRECTOR Francis Gasch's Sons Hyattsville, Md.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05688 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please reprove carban papers. Pages 1 and PLACE OF DEATH USUAL RESIDENCE (Where deceased fived, if institution Residence before admission) o. COUNTY o state Maryland Prince George Prince George MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RIVERDALE c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) van papers. Pag within 72 hours 2 days Univeristy Park d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RES DENCE ON A FARM? Eugene Leland Memorial Hospital 40th Avenue YES 🗔 NO [28] NAME OF 4 DATE Lost Morth Doy Year DECEASED (Type or print) event. Pauline April 20 67 19 Marv Phelan DEATH 6. COLOR OR RACE 7 MARRIED JOSE 8. DATE OF BIRTH AGE (In years IF UNDER YEAR IF UNDER 24 HRS **NEVER MARRIED** lost birthday) Months Dovs Hours Female WIDOWED DIVORCED White 4-27-07 100 USUAL OCCUPATION (Give kind of work done during 801 gl wocking the even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stole, or foreign country) 12 CITIZEN OF WHAT and in MWH Home COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, Samuel L. Reynolds Mary M. Pendergast IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, po, or unknown) (If yes give wor or dotes of service none daughter in law/medical record burial, cremation, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY INTERVAL BETWEEN HEMORRHAGE ONSET AND DEATH CEREBRAL ACUTE IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if any, which gove (b) rise to immediate couse (a) DUF TO far use as the l Health priar to b stoting the underlying couse 19. WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO YES V 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH 40 (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour on. Not While foctory, street, office bldg., etc.) of work at work 21 I certify that (1) (this haspital) attended the deceased from saw the deceased alive an and that death accurred at 10 AM, from causes and an the date stated obave. 22n. SIGNATURE 22b DATE SIGNED 20.6 M.D. PHYS director, page should be filed 22c PHYSICIAN'S 22d ADDRESS NAME (Type) C.J. Houmann. M. D. 4404 Queensbury Road, Riverdale, Md 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town)
Silver Spring 230 BURIAL, CREMATION, 23b. DATE THEREOF Montg. Md. 4/22/67 BRUNGVALESpecify) Gate of Heaven 24 FUNERAL DIRECTOR **ADDRESS** 2So REC'D BY REGISTRAR Francis Gasch's Sons Hyattsville, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05689 05683 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o STATE b. COUNTY Riverdale. MARYLAND b CITY OR TOWN (If outside corporate firmits, c CITY OR TOWN (If outside carporate amits, write RURA) and give nearest town) E LENGTH OF STAY IN 16 write RURAL and give nearest town) Riverdale, Md. LDay d NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street address) Beltsville. Md. IDay d. STREET ADDRESS IS RESIDENCE ON A FARM? Eugene Leland Hospital 1827 Lexington Ave NO (5d NAME OF Middle 4. DATE Last Doy Year DECEASED (Type or print) OF DEATH Luella M Pierce 1100 67 19 9. AGE (In years S. SEX 7 MARRIED AN NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 6 COLOR OR RACE lost pirthday) Manths Hours W 6-13-96 WIDOWED 100 USUAL OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during mast of working life, even if retired) COUNTRY? USA Pa. Amer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Howard Springer, Hattie Hurst IS WAS DECEASED EVER IN J. S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war or dates af service) 16 SOCIAL SECURITY NO 17 INFORMANT 87-01-8654 Eugene Leland Hospital, 4408 Queensbury Rd. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute Myocardial Infarction DUE TO Arterio-Sclerotic and Hypertensive Heart Conditions, if any, which gave (b) Disease with Congestive Heart Failure rise to ammediate couse (o), and Auricular Fibrillation stating the underlying cause (c) Diabetes Mellitus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) WAS AUTOPSY PERFORMED? NO ASS 20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1t of item 1B) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (State)

20e. PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or tawn) factory, street, affice bldg., etc.) Haur 'a.m. Nat While 2). I certify that (1) (this hospital) attended the deceased fram , and that death occurred at 200 M, from couses and on the date stated above. saw the deceased alive an. 22a SIGNATUR 22b. DATE SIGNED ATTENDING DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S Prince George

NAME OF CEMETERY OR CREMATORY

Fruge 4 may be the service of the certificate has been director, page 3 should be detached for use as the change he filed with the State Dept. of Health prior to Ft. Linceln Cemetery, | Washing 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Wade, Laurel, Maryland

23b. DATE THEREOF

Wingf

NAME (Type)Robert

230 BUR AL CREMATION.

death ond

Jempletely filled in by the funera frave carban papers. Pages I and inyevent, within 72 haurs after dea

signed by the attending physician and burial-transit permit. Then please rem

burial, crematian, ar removal, and in

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

Page 4 may be retained by the haspital or attending physician.

25b. REGISTRAR S SIGNATURE

FREE WAR STORY

Washington.



1	MARYLAND STATE DEPARTMENT OF HEALTH	
A Parket Chillip	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	E 1, MARYLAND
	05690 CERTIFICATE OF DEATH	05600
2 5 5 7	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, if	finst tution; Residence before admission)
T TEIVI	a. COUNTY PRINCE GEORGES MARYLAND . STATE ME b. COU	NTY Prince Georges
30 40	b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, wri	
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mpl		1) 4 / 1967
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A PARTY	M WIDOWED DIVORCED 12JU19/886 80 VIS.	Months Deys Hours Min.
ricat cian ove	10e. USUA! OCCUPATION (Give kind of work done during most of working life, even trained) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country days)	12. CITIZEN OF WHAT COUNTRY
ertii hysi rem	KET GROCER GROCER LTANY	rnelli 7e5-03/A
in a	13. EATHER'S NAME 1	Valor Bally la
dea ndin ple	20191 K122A TOMATIMATI	HINNIN
the atter	YS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or famour, (lives g vawar or dates of service)	22 A 11 10 Mm
the the T	18. CAUSE OF DEATH (Enter Daily one couse per Indica (a), (b) and (c)	GOTA THE THYPTIS
es to by by reference	PART I. DEATH WAS CAUSED BY: BALLED DNEU MONIA	ONSET AND DEATH
hysi it p	IMMEDIATE CAUSE (8)	40000
w r r sign rans rans	CONON THE / JOHN BOSIS, ACU	ITE 5days
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AN: A or the har	PART II. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GI	IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
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PH State		
The Hard	2Dc. YIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) Hour a.m. While Not While et work et work et work	(County) (Stata)
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5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		, 19. (I) (we) last
ate oulo	saw the deceased alive so	and on the date stated above.
S sh	ATTENDING STAFF	4/) SIGNED
AIL AIL H	22c PHYSICIAN'S 1	- 10/6/-
Pag	NAME (Type) / ORMAN). (OM eA LL 3503 PENRY 3	7 MI GAINIER
FUN.	236. BURIAL, CREMATION. 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, to	own or county) (State)
04047	Burial 4 April 1967 Mt. Olivet Cemetery Wash., D.	.C
₩ ∀R A15 [4}	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. R	97 # [] # m in
15M 9/60	KINAIDI FUNERAL HONE WHS 17. 0. C PAPR 4 1961	Harles Just



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05691 and 2 death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before agraission o. COUNTY b. COLINTY Prince George's Maryl and within 72 hours ofter MARYLAND Prince Gorge's physician and completely filled in by the form of please. Pages. requires that the death certificate be executed within 24 hours afte c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 1 day Mitchellville B S RESIDENCE ON A FARM? YES X NO d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Prince George's General Hospital Box 6 Middle 3 NAME OF First Lost 4. DATE Month Day Year DECEASED OF G.ibson Estelle (Type or print) Plotts DEATH IF UNDER 24 HRS AGE (In years IF LINDER 1 YEAR S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours ond in any Female White WIDOWED DIVORCED 10o, USLIAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT Own Home COUNTRY? during most of working life, even if retired)
HOUSEWIIE Virginia 14 MOTHER S MAIDEN NAME 13. FATHER S NAME removal Iola Pearl Lane Robert V. Gibson. 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Box 6 (Yes, no, or unknown) [If yes give wor or dotes of service] permit. ō William S. Plotts-Mitchellville. cremotion, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c) PART 1 DEATH WAS CAUSED BY. buriol-transit ONSET AND DEATH Acute Myocardial infarction IMMEDIATE CAUSE (o) ģ physicion. signed k DUE TO Conditions, if any, which gave rise to immediate couse (a). **DUE TO** hos been s se as the b th prior to b stoting the underlying couse Page 4 may be retained by the hospital or ottending 19. WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use Health YES TO NO this certificate 20o. ACCIDENT WAS JNDERLYING [205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) Stote Dept. 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bldg , etc.) Hour om. Not While of work ot work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) pttended the deceased from 196 that (I) (we) last plnous with the 19 6-7, and that death occurred at 10:15M, from causes and on the date stated above. saw the deceased alive and 22o. SIGNATURE MED DIRECTOR 80 M.D. PHYS director, page should be filed 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Dr. A. Clark Holmes 4108 Pratt St., Upper Marlboro, 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Stote) 230. BURIAL CREMATION 10. /67 Washington Nat 1 Cem Suitland Md ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Ritchie Bros. Upper Marlboro. Md. 196

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05692 CERTIFICATE OF DEATH completely filled in by the funeral name care and 2 and 2 requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before o. STATE P COMMEN rince George Count Prince Geo MARYLAND Mary b CITY OR TOWN (If outside corporate limits, write, RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) hour d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 0906 NO L 3. NAME O 4 DATE Lost Day Year DECEASED
(Type or print) 1967 DEATH S SEX 6 COLOR OR RACE **NEVER MARRIED** 9. AGE n year birthdoy) Months remay Hours in any WIDOWED DIVORCED I the attending physician and sit permit. Then please rem 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY andi 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMAN signed by the attendi burial-transit permit. (Yes, no, or unknown). (If yes give wor or dates of service 5 Mrs. Virginia Rolfes. (above address DO crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN IMMEDIATE CAUSE (a) be retained by the haspital ar attending physician. NXU DUE TO burial Conditions, if ony, which gave rise ta immediate cause (a). DUE TO stoting the underlying couse this certificate has been be detached far use as the State Dept. of Health priar ta lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART 150) WAS AUTOPS PERFORMED? NO 20a ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (State) Нанг а т While foctory, street, office bldg , etc.) Not While at wark TO FUNERAL DIRECTOR: After at wark 21 I certify that (1) (this haspital) attended the deceased fram 1950 directar, page 3 shauld shauld be filed with the and that death accurred at Zsaw the deceased alive an 19/1 M, fram causes and an the date stated above 22a, SIGNATURE M.D. PHYS. DIRECTOR PHYS 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 230. BURIAL CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burla 4/27/67 Fort Lincoln Com Colmar Manor 2Sq. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Nallevis VR A15 (4) 25M 1/67 Homa nc:



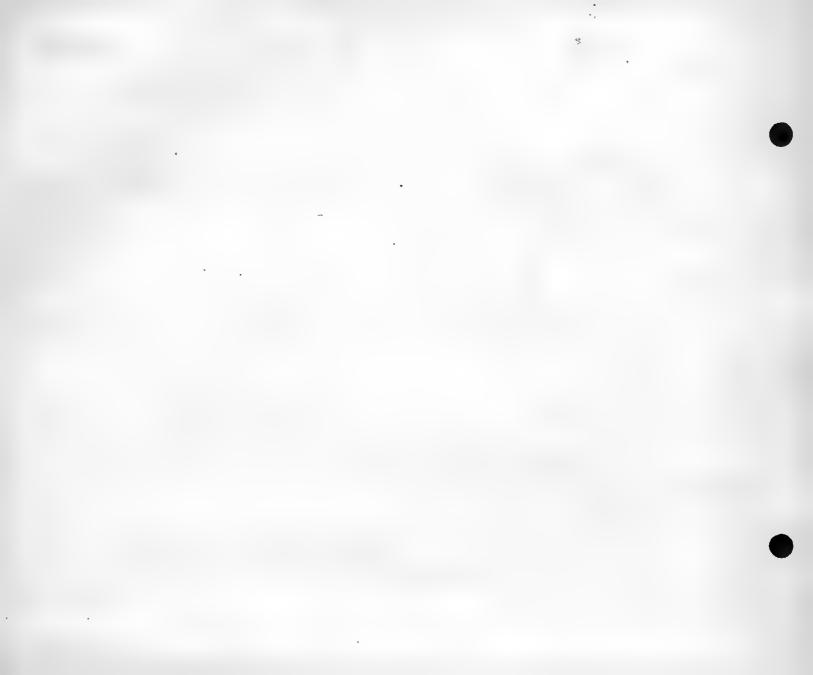
1	Ttems 6 1882 Film 339 MARYLAND STATE DEPARTMENT OF HEALTH OF CO3 MARYLAND STATE DEPARTMENT OF HEALTH OF CO3
. 1	95693 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
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delay is and 3 to A3. Page	b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
y delly ond pm3.	write RURAL and give nearest town) Cheverly DOA Hvattsville
Dep of Dep	d NAME OF HOSPITAT OR INSTITUTION (If not in hospitol, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
ith I	Prince George General Hospital 5716 Chillum Heights Drive YES NO 12 3 NAME OF First Modele Lost 4 DATE Month Day Year
offer death If any delay 8 G ve Pages 1, 2, and 3 delay adong with form PM3. Power the State Department in the State Departmen	3 NAME OF First Middle Lost 4 DATE Month Doy Year OF DECEASED (Type or print) Daniel Powell Jr. DEATH 4 18 19 67
G v G v IIIh 1	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARR ED 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS lost birthdoy) Months Days Hours Min
hours offer death. If any delay in them 18 Give Pages 1, 2, and 3 to Office along with form PM3. Page 1, and 2 with the State Department of Table 1.	Male White WIDOWED 123 Sept. 1931 35 YIS
d within 24 hours of in pencil in Item 18 Examiner Office all File page land 2	100 US_AL OCCUPATION (Give kind of work done during most of working life, even if ref red) Restaurant 10. K. ND OF BUSINESS OR 11. B RTHPLACE (Stote or foreign country) 2 (ITIZEN OF WHAT COUNTRY? COUNTRY? U.S. A.
in 24	13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME
with peni xami xami hour	Daniel Powell Sr. Alice M. Stanton
ficate should be executed within 24 hours ing the word "pending" in pencil in Item 18 rided to the Chief Medical Examiner Office as a burial-transit permit. File page Lond 2 and in ony event within 72 hours after death	15 WAS DECEASED EVER IN . S ARMED FORCES? 16 SOC A. SECUR TY NO 17 INFORMANT Address (Yes, po, or unknown) (If yes give wor or dotes of service) 579 38 2929 Mrs. Paula A. Jensen Same as #2 (sister)
xecu Iding Medii Perri	18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), ond (c)) INTERVAL BETWEEN
be e per instr	PART I. DEATH WAS CAUSED BY: OMSET AND DEATH OMSET AND DEATH
ould rord ne Ch al-frc	Year Due to
s sho he w to th buri	Conditions, if ony, which gove (b) (b) rise to immediate couse (o), DUE TO
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	PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1103
ate, ate to be u	YES DE NO 200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW IN ILIRY OCC. RRED. (Enter nature at purry a Part Lor Port II of Idea 18.)
INER: This cert in certificate, write should be forward files. 3 should be used tron, or removol,	PERFORMED? YES X NO 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 200. TIME OF INJURY Month, Doy, Yeor Hour a.m. 200. TIME OF INJURY Month, Doy, Yeor While Not While foctory, street, office bldg, etc.) PERFORMED? YES X NO YES X NO (County) (Stote)
MEDICAL EXAMINER: slease execute the certification of a director Page 4 should director Page 5 should DIRECTOR: Page 3 should to burial, cremotion, or	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form Hour d.m. White And
L EXAM cacute the Page 4 for your R: Page	p.m. 17 of work in the state o
LAL EXA execute or Page d for yau TOR: Page	21. I certify that I taak charge of the remains described above held on Autopsy 🔀, Inspect on 🔁, Inquiry 🛣, and in my opinion
MEDICA leose e director tolined to bur	death resulted fram Natural)causes, 🔀, Accident 🗌, Suicide 📋, Hamicide 📋, Undetermined manner 🗍
Please Present of the Control of the	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER (
O DEPUTY MEDICAL EXAMINER: This cert necessory, please execute the certificate, written funeral director Page 4 should be forwant moy be retained for your files. They be retained for your files. Health prior to burial, cremotion, or removal,	EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Md. Deputy MeDical Examiner (Street city town or county) 4-19-67
o DE he fumo FUN	230 B_RIAL_CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Yourn) (County) (Store)
5 = = 25	Burial 4/21/67 Ft. Lincoln Colmar Manor, P.G. Md.
VR A15ME (51)	24 FUNERAL D RECTOR ADDRESS
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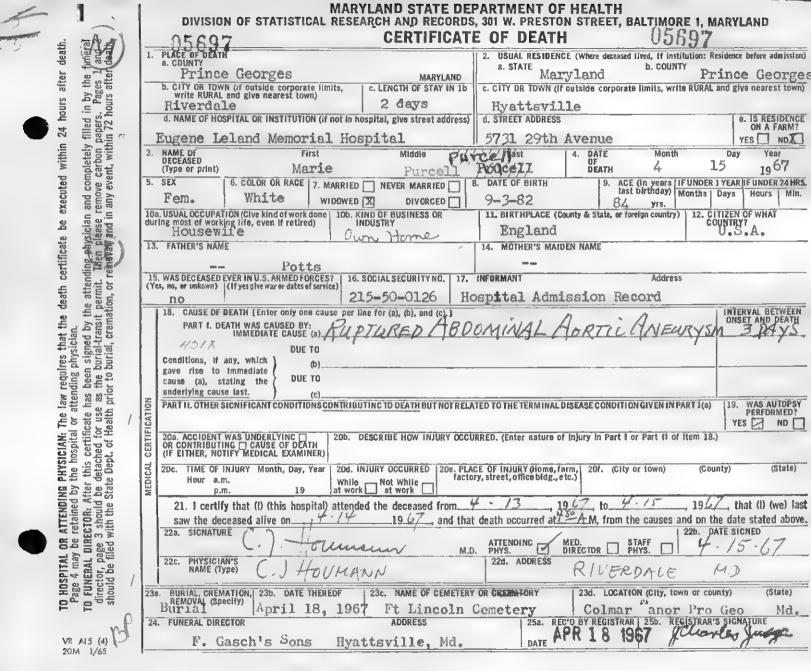
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATHKK 05694 death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE **b** COUNTY ian papers. Pages 1 within 72 hours after Prince Georges MARYLAND Prince Georges Maryland and campletely filled in by the Tremove carban papers. Pages b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) r LENGTH OF STAY IN 16 requires that the death certificate be executed within 24 haurs Cheverly 9 days Silver Spring e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES 🔲 NO Prince Georges General Hospital 8601 Manchester Rd 3. NAME OF Middle Last 4 DATE Month Year DECEASED (Type or print) April 24. 19 67 Alice DEATH A. Prendable IF UNDER 24 HRS S SEX IF UNDER 1 YEAR 6 COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED last, birthday) Months Days Hours DIVORCED WIDOWED Female Whi te 10a JSUAL OCCUPATION (Give king of work done KIND OF BUSINESS OR 13 B R. HrLACE (County & State, or fareign country) 12 CITIZEN OF WHAT 10b COUNTRY? during most of working life, even if retired) INDUSTRY the attending physician (gud West Virginia Retired 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME or remayal. Unknown Andrew Huffman 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (if yes give war ar dates of service) Manchester 579 18 3902 Frances Darwi 18. CAUSE OF DEATH (Enter only one cause per line to PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN (b), and (c) burial-transit Kassive IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if any, which gove nse to immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been as the PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES TEN NO jo 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [3] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m Not While factory, street, affice blda., etc.) at wark at wark 2). I certify that (I) (this charged) attended the deceased from April 15, 1967, to April 24, 1967, that (I) (eye) last sow the deceased olive on April 24, 1967, and that death occurred at 2:45PM, from causes and on the date stated above. shauld 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF April 25, 1967 directar, page 3 shauld be filed v M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 6501 Landover Rd. Cheverly, Md. Barry Rosenberg, M. D. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, (State) BILLI 3 4-27-67 Arlington Natl. Cem. Arlington, Virginia 25b. REGISTRAR S SIGNATURE 2Se REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) DAMAY Lee Funeral Home Washington, D.C. 20 M 1/66

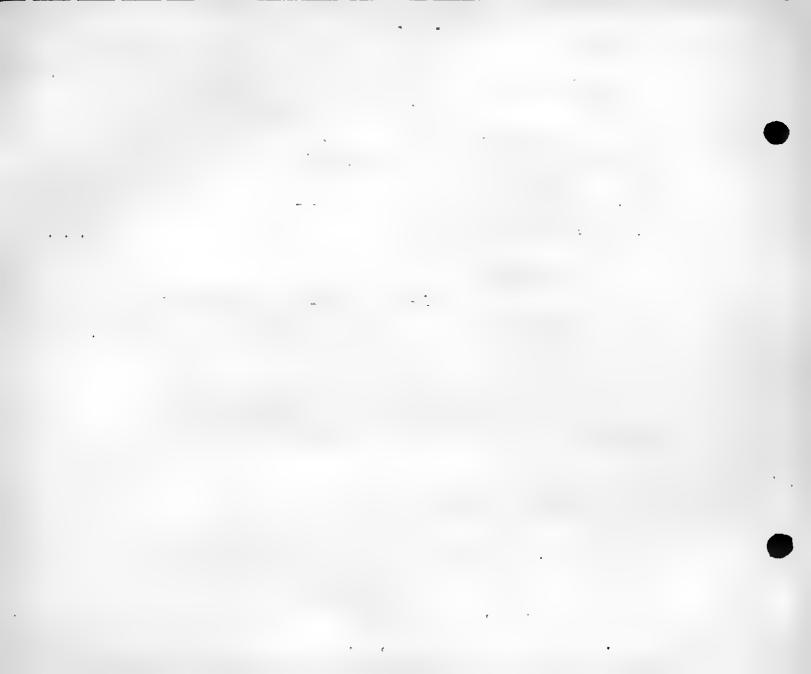
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05695 CERTIFICATE OF DEATH 05695 law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) signed by the attending physician and campletely filled in by the funera burial-transit permit. Then please remave carban papers. Pages Land o. COUNTY George o SIAME Maryland Frince George MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 15 days Riverdale Riverdale d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 4708 Sheridan St. Eugene Leland Memorial Hospital YES [NO XX NAME OF 4. DATE Year DECEASED (Type or print) OF DEATH Jackson Price April 20 1967 S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS. DATE OF BIRTH 7 MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours nany White WIDOWED DIVORCED 1:-11:-00 Male 100 USJAL OCCUPATION (Give kind of work done duty) rectifed working life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Insurance Co. USA Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, Robert H. Price Emma E. Foster 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or doles of service 577 10 0723 son/medical record CAUSE OF DEATH (Enter only one couse per line fer to), (b) god (c))
 PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN IMMEDIATE CAUSE (o) 466X DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse hos been last. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES X NO ! ţ 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Port 16 of Item 18) be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or fown) (Stote) 20c. TIME OF INJURY Month, Dov. Year (County) factory, street, office bldg., etc.) O FUNERAL DIRECTOR: After 7.20 21. I certify that (1) (this hospital) attended the deceased from . 1967 to , 1947, that (1) (we) last 3 should with the S 19.67, and that death accurred at 11.4 AM, from causes and on the date stated above. saw the deceased alive an 4: 20 22o. SIGNATURE 226 DATE SIGNED ATTENDING MED DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S RIVERDALE NAME (Type) director, 23b. DATE THEREOF 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BuffMOVAh (Specify) 4/22/67 Colmar Manor P.G. Ft. Lincoln Md**ADDRESS** 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Francis Gasch's Sons Hyattsville, Maryland

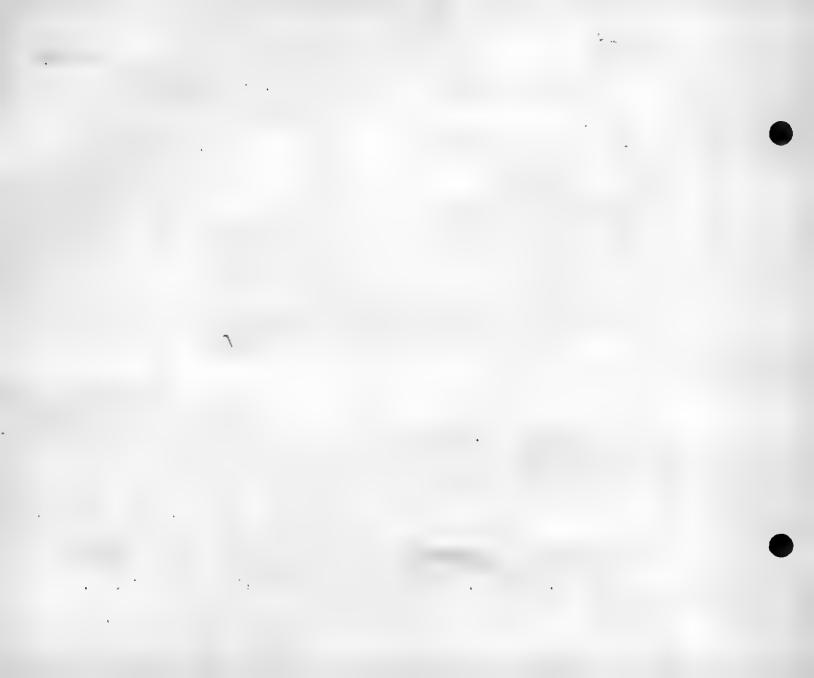


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05696 CERTIFICATE OF DEATH faneralt end 2 death. death. 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY Prince George by the fi Pages 1 urs after hours after Pr. Geo. MARYLAND Maryland b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) etely filled in by bon papers. Page within 72 hours a 20-Years Clinton Olinton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS Juliette Drive Juliette Drive YES NO X and completely fremove carbon party in any event, within executed within 3. NAME DE First DATE Middle Last 4. Month Year DECEASED JOHN PR YDE DEATH April 12th 19 67 (Type or print) 6. COLOR OR RACE , 7. MARRIED EX NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH fast birthday) | Months | Days Hours 1 WIDDWED | DIVORCED [August 31-1904 Male 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN DF WHAT <u>/:=</u> 11. BIRTHPLACE (County & State, or foreign country) been signed by the attending physician the burial-transit permit. Then please if to burial, cremation, or removal, and in The law requires that the death certificate be COUNTRY? Principle-Surrattsville Senior High Pa. ARU 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Pryde Agnes Mc Multy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address Same (Yes, no, or unkown) I (If we give war or dates of service) Wife Mrs. Elizabeth A. Prvde as 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN.** The law requires that the Page 4 may be retained by the hospital or attending physician. DUF TO Conditions, If any, which (b) gave rise to immediate DUE TD cause (a), stating the underlying cause last. S CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY **DIRECTOR:** After this certificate ige 3 should be detached for use led with the State Dept. of Health PERFORMED? YES [NO T 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) MEDICAL 2Dd. INJURY OCCURRED (State) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 19 6 7 to. 21. I certify that (!) (this hospital) attended the deceased from and that death occurred at 6.150 M. from the causes and on the date stated above. 196 saw the deceased alive pn___ 22b. DATE SIGNED 22a. SIGNATURE o FUNERAL DIRE director, page 3 should be filed v ATTENDING MED. STAFF PHYS. April 12-1967 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. Richard H. Dobson Brandywine. Marvland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Plum Creek Cemeterv New Kensington, Pa. 252. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR Milantes 1661- Gd. Hope Road Se. Wash., DC VR A15 (4) 20M 1/65





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05698 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence the attending physician and campletely filled in by the funeral sit parmit. Then please I and o. COUNTY b. COUNTY EORGES RINCE GEORGE MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DOA OWIE Cheverly IS RESIDENCE ON A FARM? d. NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS MOYL 3500 Prince George's General Hospital YES . NO L 3 NAME OF Middle 4. DATE Month Doy DECEASED E ORENCE BOUCK 196 (Type or print) DEATH 1 YEAR 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER IF UNDER 24 firs 7 MARRIED **NEVER MARRIED** lost birthdoy) Months Doys Hours and in any TEMALE white WIDOWED П DIVORCED 10/3/1892 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done TOb. KIND OF BUSINESS OR 1) BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) HOUSEWIFE INDUSTRY SOUTH DAKOTA USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CYRUS BOUCK IDA HOYT 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) PAULINE SCHEUFLER SAME AS # INTERVAL BETWEEN signed by the c burial-transit p 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART ! DEATH WAS CAUSED BY-ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been use as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION Health ELLITUS NO ā 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of items 18.) 200 ACCIDENT WAS JNDERLYING [1] detached f te Dept. af l OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While of work shauld be 21. I certify that (I) (this hospital) attended the deceased from KUG 1966, to A PRIL APRIL 5 1967, and that death accurred at 10 30PM, from causes and an the date stated above saw the deceased alive on... 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. Norman K. Bohrer 3231 Superior Lane, Bowie, Md. director, shauld be 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) 230 BURIAL CREMATION. (County) BUREMOVAL (Specify) PARISHVILLE, NEW YORK 4/10/67 MOUND HILL CEMETERY 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ROBERT E. WILHELM FUNDERSAL VR A15 (4) 20 M 1/66 4308 SUITLAND ROAD, SUITLAND.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Item #7 Film #G-3-2-4-25-67 PG CERTIFICATE OF DEATH 05699 2. USUAL RESIDENCE (Where deceosed lived, if institut on Residence before admission) o STATMaryland b COUNTRING George's and campletely filled in by the funeral remave carban papers. Pages I and PLACE OF DEATH requires that the death certificate be executed within 24 hours after deal papers. Pages I an In V2 hours after de Prince George's a. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)

Cheverly c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3 days Lanham d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 6901 Riverdale Rd. Prince George's General Hospital YES NO burial, crematian, or removal, and in any event mathin NAME OF DECEASED / First 4. DATE Year 67 April MATILDA RENALDS B. (Type or print) DEATH 9. AGE (In years lost buthday) 6 COLOR OR RACE NEVER MARRIED TO B DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS S SEX 7 MARRIED Months Hours Aug. 12, 1884 White **Female** WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of warking his even if retired) U.S. A. Hosbital Warren Co, Virginia 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Casper L. Craig Linda Triplett 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, pagrunknawn) (If yes give war ar dotes of service) 220 54 1249 Lauretta G. Rusk Same as #2 (daughter) INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (t).
PART I DEATH WAS CAUSED BY signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause GENNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior tall WAS AUTOPSY PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO XX 20a ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Hame, form, (City or town) (County) (stota) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour e.m. Not While of work ot wark 21. I certify that (1) (this haspital) attended the deceased from 19 17, and that death accurred at 6:45 A M, fram causes and an the date stated above. saw the deceased alive an. 220 SIGNATURE ATTENDING M.D DIRECTOR PHYS 22d ADDRESS NAME (Type) Frederick H. Wilhelm, M.D. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION, 23b. DATE THEREOF (County) (Stote) BENCYA (Specify) 4/4/67 Prospect Hill Front Royal Va. ADDRESS 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Misules VR A15 (4) 20 M 1/66 Francis Gasch's Sons Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05700 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss filled in by the funeral o. COUNTY **b** COUNTY o STATE Prince Georges MARYLAND Drings Convers Mary land b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate tim ts, write RJRAL and give nearest town) Cheverly 18 days Laure 1 S RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS YES NO Prince Georges General Hospital Box 210-B - Route #3 3 NAME OF Middle Lost DATE Month Doy Year physician and campletely en please remave carban 3 DECEASED (Type or print) Howard Ri ce DEATH S. SEX AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED ... **NEVER MARRIED** lost birthdoy) Months Doys Hours DIVORCED WIDOWED Male White Jan. 20, 1891 12 CITIZEN OF WHAT 10g JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1) BiRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY-Confilmer 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME crematian, or remayal, attending phys IS WAS DECEASED EVER IN US ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unkpown) (If yes give wor or ogres of service) CAUSE OF DEATH (Enter only one couse per line tem(o). INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY signed by IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO burial, Conditions, if ony, which gove (b) rise to immediate cause (a), DUE TO stoting the underlying couse as the priartal has been lost WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health YES XX NO O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 20g ACCIDENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) Hour o.m. foctory, street, office bldg., etc.) Not While of work pt work -21. I certify that (I) (RECHARDISE) attended the deceased from March 31 , 1967, to April 18, 1967, that (I) (No. 101) director, page 3 should should be filed with the 1967, and that death occurred at 12:154, fram causes and an the date stated above saw the deceased alive on 22b. DATE SIGNED 220 SIGNATURE MED AM April 18, 1967 M.D. DIRECTOR PHYS PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 3503 Perry St Rainier Maryland Don Came ron (Stote) NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23b DATE THEREO 230 (County) REMOVAL (Specify) RECD BY RECISTRAR 2Sb. REG STRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66



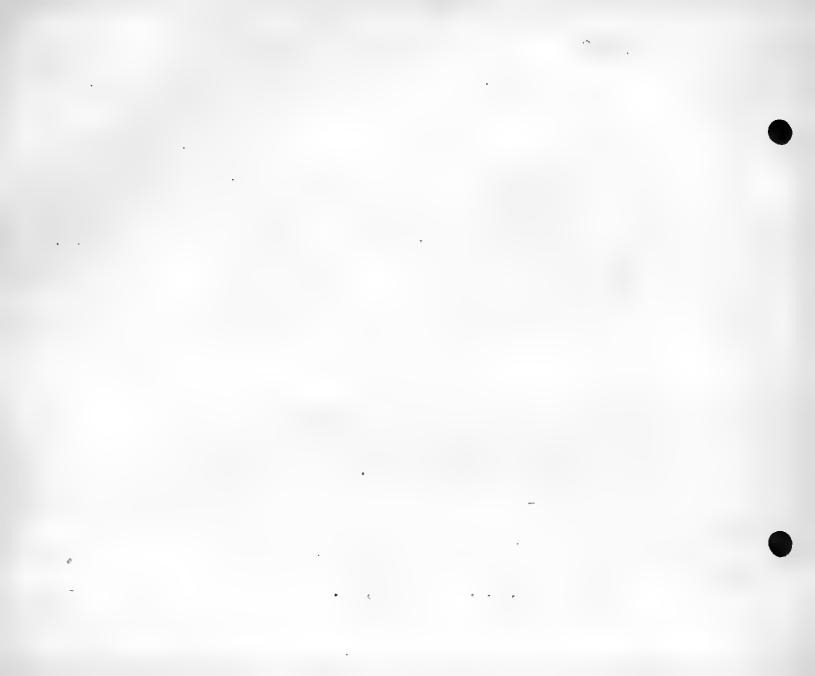
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05701 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH physician and completely filled in by the funeral en please remove carban papers. Pages Lond o. STATE Mary Land COUNTY **b** COUNTY Prince Georges MARYLAND b City OR WM (If outside corporate | mits, C LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate amits, write RJRAL and give nearest town) write RURAL and give nearest town) Brandywine Cheverly & 1/2 days the attending physician and compressive major papers. d. NAME OF HOSPITAL OR INSTRUCTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 215 Prince Georges General Hospital Rt. #3. Box 224 YES NO X 3 NAME OF Lost 4. DATE Year Doy DECEASED Estelle Richards DEATH April 19 6 7 (Type or print) Dora event, IF LINDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH 9. AGE (In years NEVER MARRIED last birthdoy) Months Doys Hours WIDOWED DIVORCED and in any White 12/3/02 Female 12. CITIZEN OF WHAT 10a. USUA, OCC. PATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 10b, KIND OF BUSINESS OR COUNTRY? during most of working life even if retired) OWD Home Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removal. James T. Canter Unknown IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Ht. 3, Box 2011-B (Yes, no, or unknown) (If yes give wor or dates of service) Benjamin E. Richards-Brandywine, Md 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) burial-transit IMMEDIATE CAUSE (0) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been as the 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) No Page 4 may be retained by the haspital ar ā 20g ACCIDENT WAS UNDER YING 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 1) of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factory, street, office bldg, etc.) Hour a.m. Not While ised from AVV 1 25, 1967, that (1) (we) last _____, and that death occurred at 11:25M, from causes and an the date stated above. 21. I certify that (1) (this promited) attended the deceased from AVV. saw the deceased alive an April 25 196.7 220 SIGNATURE 22b. DATE SIGNED MEDAM ATTENDING STAFF DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Frederick H. Wilhelm, M.D. 6319 Landover Rd. Cheverly Maryland NAME (Type) director, shauld 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Yown) 230 BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) Buff 18 (Specify) 4/28/67 Brookfield Cemetery Naylor Md. ADDRESS 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Ritchie Bros. Upper Marlboro, Md. 196

MARYLAND STATE DEPARTMENT OF HEALTH

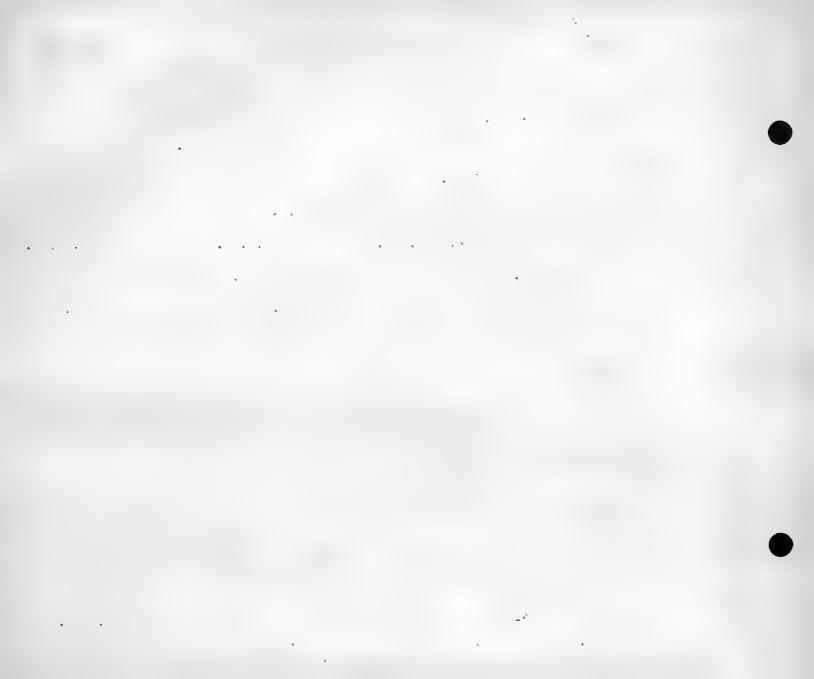
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05702 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERT. 2 USUAL RESIDENCE (Where deceased I ved, if institution Residence PLACE OF DEATH o. COUNTY o STATE b. COUNTY <u>v</u> o Maryland Prince George's Prince George's MARYLAND uny delay b CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY A lb and with the Stote Deportm Hvattsville Cheverly 4 days d NAME OF HOSP TAL OR INSTITUTION (fingt in hospital give street oddress) d. STREET ADDRESS S RESIDENCE Office along with form 14 NO DE 7624 Kilmer Street Prince George General Hospital be exacuted within 24 hours after death 3 NAME OF Middle 4 DATE Month Day Year DECEASED (Type or print) Albert 19 67 Rogers DEATH IF UNDER 1 YEAR 6 COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS 7 MARRIED lost birthdoy) Months in Item 18. WIDOWED DIVORCED 22 May 1912 white 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 B RTHPLACE (State or foreign country) 12 C TIZEN OF WHAT during most of working life even if retired) TUPUNSY'A. Construction Virginia the Chief Medical Examiner's ond in any event within 72 hours of 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Irene Bowler Joseph Rogers IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes give war at dates of service) 17 INFORMANT 16 SOCIAL SECURITY NO Joseph Rogers Jr. Same as #2 none 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE (AUSE (a) Laceration of brain please execute the certificate, writing the ward director Page 4 should be forwarded to the Ch This certificate should DUE TO Fracture of skull Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse lost. removol, PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (O) 19 WAS AUTOPSY PERFORMED? CERTIFICATION NO SE 20° EXTERNAL CAUSE WAS PRIMARY → or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter notice of injury in Part I or Port II of tem 18) 3 should cremation, ar CAUSE OF DEATH Fell at home. MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Harne, farm (City or town) 20c TIME OF INJURY Month, Doy, Year While Not While factory, street office bldg etc.) same as #2 2:30pm pm 4-20- 967 of work ____ of work Home 21 Certify that I took charge of the remains described above, held on Autopsy Inspection x Inquiry x. and in my opinion deoth resulted from: Notural causes Accident X // Suicide . Homicide Undetermined monner the funeral director be retained CH EF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER Health prior SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER NAME (Type: John Kehge, M.D. Riverdale, Md. Address (Street city town or county) 23c NAME OF EMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIA, CREMA' ON (Stote) 0 Rollins Fork Burial pecify) Á/26/67 Va. Grace Cemetery 24 FUNERAL PRECTOR Historia Judge VR A15ME (5) Francis Gasch's Sons Hyattsville, Md. 6M 1/67 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 95703 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased used, if institution. Residence before admiss on) o. COUNTY o. STATE b. COUNTY Prince George Maryland Prince George MARYLAND b. CITY OR TOWN (If outside carnorate limits c LENGTH OF STAY IN 16 c CITY DR TDWN (If outside carparate limits, write RURAL and give negrest town) write RURAL ond give negrest town)
Hillcrest Hats. requires that the death certificate be executed within 24 haurs Hillcrest Heights d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 2909 Fairlawn St. YES 🗀 NO 2 3. NAME OF Middle remave carban East 4 DATE Day Year DECEASED Margaret Rollins and in any event, April 2. (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR DR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (n vegrs lost birthday) Months Days Hours Female White WIDOWED DIVORCED Jan. 2, 1914 attending physician and sermit. Then please rem Obt USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CT ZEN OF WHAT ring most of working ite, even it retired). Employee School COUNTRY? Geo. Co. Wash.D. C. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, George F. Simpson Margaret E. McWilliamson WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SDCIAL SECURITY NO (Yes, na. or unknown) (If yes give war ar dates of service Wallace L. Rollins 2909 Fairlawn St. crematian, 18 CAUSE OF DEATH (Enter only one couse per line far (a) (b), and (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause has been last. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO this certificate 20a ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Hern 18) OR CONTRIBUTING CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME DF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, (City or town) (County) (State) Hour om factory, street, office bidg. etc.) Not While TO FUNERAL DIRECTOR: After Lertificat (1) (this haspital) attended the deceased be retained and that death accurred at 39 M, from Jauses and an the date stated above he deceased alive of 220. SIGNATURE 22b DATE SIGNED **ATTENDING** director, pure M.D. DIRECTOR PHYS 22d 22c. PHYSICIAN'S NAME (Type) 230 BURIAL (REMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 4-4-67 Cedar Hill Suitland P 24 FUNERAL DIRECTOR REC'D BY REGISTRAR 1967 Wilhelm Bun Home VR A15 (4) 25M 1/67



1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
-time	# 504 B	05704 CERTIFICATE OF DEATH 05704			
	the funeral ges 1 and 2 after death	1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Besidence before admission)			
	the fu	Rence Blorger MARYLAND Maryland Els.			
		b. CITY OR TOWN (if outside corporate limits) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)			
	£ 9. = 5	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give/street address) d. STREET ADDRESS (e. IS RESIDENCE			
	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	3450 Doledo Durace 3450 Doledo Jurace VES NO DE			
	completely ve carbon pevent, within	3. NAME OF First Middle Last SR 4. DATE Month Day Year OF			
	omple cart vent,	(Type or print) JAMES AICTHLIR ICOSENBERGER DEATH APRIL 6 1967			
	executed within rend completely remove carbon prompts overt, within	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years last birthday) Months Days Hours Min. WIDOWED OIVORCEO DEC. 21, 1874 9. The state of			
	Se re	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, for foreign country) 12. CITIZEN OF WHAT COUNTRY?			
	physic physic	13. SATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. 5. 11.			
	ding pt Then remova	Perry J. Rosinburger Clavissa Hummil			
	ath cert	15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)			
	deat deat perm tion,	NU 1051070/58 Mes. Rella M. Rusinunger (same as "2)			
	The law requires that the death certificate be or attending physician. The attending physician state has been signed by the attending physician use as the burial-transit permit. Then please the purial cremation, or removal, and the control of the prior to burial, cremation, or removal, and the control of	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cause DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Simin.			
	that sicia gned lal-tr	4201 DUE TO ()			
	s physical properties of the sign of the s	gave rise to Immediate (b) (I recrusselerable Cardiovascular d. years.			
	aw requir ttending p has been as the bu prior to b	cause (a), stating the DUE TO underlying cause last. (c)			
	e law e has e has sse as th prio	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO F			
	N: The late or at ifficate of for use thealth	YES NO F			
		GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	PHYSICI the hos, this ce detache a Dept.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.)			
	ING 1 by 4fter be be Stat	E D.III. 15 at work 1 at work 1			
	She alnected the the	21. I certify that (I) (this hospital) attended the deceased from 1961, to 1961, to 1961, that (I) (we) last saw the deceased alive on 1962, and that death occurred at 73 GM, from the causes and on the date stated above.			
	rets FECTI 3 st with	220. SIGNATURE 22b. OATE SIGNED			
	AL OR Nay be nay be page filed	M.D. ATTENDING MED. DIRECTOR STAFF DEPT 6, 1967			
	HDSPITAL OR ATTENDING PHY age 4 may be retained by the FUNERAL DIRECTOR. After thi rector, page 3 should be detained be filed with the State by the	NAME (Type) JAMES R. COLEMAN 9241 COLUMBIA BLUD SILVER SPRING			
	TO HOSPITA Page 4 ms TO FUNERAL director, p should be	235. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (State)			
	F =	BUTER Agen 10, 1967 Fact Reneals Cemely Gr. Sec. Co. Mary Land 24. FUNEBAL DIRECTOR, ADDRESS 252 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			
	VR A15 (4) (1)	Abritus Nattons, 254 Carrall ONN. LOC DATE Orlinday Judge			
	20M 1/65	100 1 11 1967			

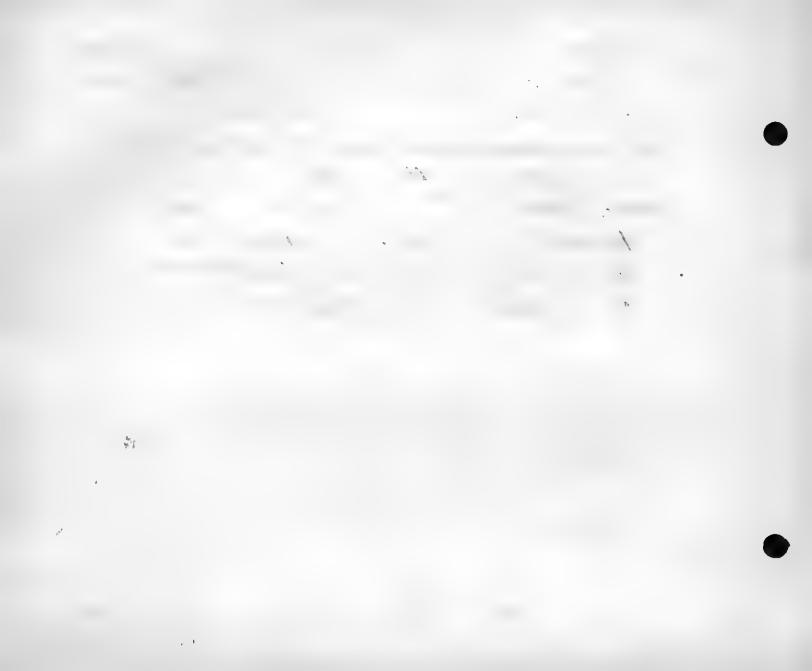


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05705 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before odm ssum) n (O.NTY o. STATE Maryland Prince George's State Department of Prince George's MARYLAND b CTY OR TOWN (If autside corporate 1 mits, write RURAL and give neorest town) c CITY OR TOWN (floutside carparate in ts write RURA, and a ve nearest town) C LENGTH OF STAY IN 16 Hyattsville Hvattsville d NAME OF HOSPITAL OR INSTITUT ON (If nat in haspital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? with farm 9533 Riggs Road YES NO 🔀 9533 Riggs Road This certificate shauld be executed within 24 haurs after death NAME OF 4 DATE Modle Last Month Year DECEASED OF the certificate, writing the ward "pending" in penal in Item 18.6 ve 4 shauld be farwarded to the Chief Medical Examiner's Office along Ross DEATH (Type or print) John alang 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS S SEX 7 MARRIED NEVER MARR ED last birthday) Months Doys Haurs WIDOWED in any event within 72 haurs after death DIVORCED 16 Feb. 1883 White Male 10a USUAL OCCUPATION (Give kind of work done 105 K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT Ret. Coal Miner Ceal Minning U.S. A. Pennsylvania 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ross 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) (It yes give wor ar dates af service) 16 SOCIAL SECURITY NO 17 INFORMANT Address Patrick Ross Same as #2 (son) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE (AUSE (a) Massive bilateral anthra silicosis DUE TO Canditions, if any, which gove (b) And bilateral bronchopneumonia rise to immediate cause (a), DUE TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES X NO 20b DESCRIBE HOW NURY OCCURRED (Enter nature of mury in Part or Part I of item 18) 3 shauld PRIMARY G G CONTRIBUTING G **CAUSE OF DEATH** crematian, 20f (City or town) 20e PLACE OF NJURY (Harne form, 20c TME OF NJURY Manth, Day, Year 20d INJURY OCCURRED factory, street, office bldg., etc.) of wark Not While at work 2) I certify that I took charge of the remains described above, held on Autopsy 🕱. Inspection 🛣 Inquiry 🛣 and in my apinion Notural lowses . Accident / death resulted fram. Suicide , Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER 5 may be ret TO FUNERAL D Health prior SIGNATURE DEPUTY MEDICAL EXAMINER 30 **EXAMINER'S** Riverdale, Md. NAME (Type John Kehoe, M.D. Address (Street, city, town, or county) 230 BURIAL (REMATION, Burial (Specify) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23h DATE THEREOF (County 4/28/67 George Washington Hyattsville 250 AFED BY REG STRAR DATE APR 28 24 FUNERAL DIRECTOR VR A 15ME (5))

Francis Gasch's Sons Hyattsville, Md.



1	MARYLAND STATE DEPARTMENT OF HEALTH			
alafa and a second	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Trom #9 Film #37 12 1147/17 pc			
i di	05706 CERTIFICATE OF DEATH	ic.		
夏 東京	1 PLACE OF DEATH . 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence)	nce before odmission)		
haurs after dea in by the funera srs. Pages I-one 2 haurs after Sea	O. COUNTY PRINCE GEORGES MARYLAND O. STATE MARYLAND COUNTY PRINCE GEORGES	ince BED.		
# # # Second	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
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d in Sers. 72 h	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e IS RESIDENCE ON A FARM?		
ed within 24 haurs of pletely filled in by the carbon papers. Page part, within 72 haurs a	3 NAME OF First Middle lost 14 DATE Month	. YES NO		
with redy wit	DECEASED / CC A/	Doy Year		
completely over carbon of event, wi	Destill	25 1967 R 1 YEAR IF UNDER 24 HRS		
and compressions of the compression of th	MALE NEARO WIDOWED DIVORCED 2-12-10 STO VIS SOL	Doys Hours Min		
and conditions of the conditio	10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11, BIRTHPLACE (County & Stote, or foreign country) 12 C	ITIZEN OF WHAT		
sician sician please i, and	during most of working life, even if retired) industry construction Beltouile and	OUNTRY? 5.13		
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the haspital ar attending physician. **IRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral end should be detached for use as the burial-transit permit. Then please remark carbon papers. Pages 1-and adwith the State Dept. of Health priar to burial, cremation, ar remayal, and input event, within 72 haurs attacked.	13. FATHER'S NAME			
may may	HARRY KOSS Elizabeth Miller			
AN: The law requires that the death certifical or attending physician, icate has been signed by the attending phy for use as the burial-transit permit. Then Health priar ta burial, crematian, ar remaval	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or upknown) (If yes give wgr or dotes of service) 16. SOCIAL SECURITY NO 17 INFORMANT Address			
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the str p	18 CAUSE OF DEATH (Enter only one couse per fine for (a), (b) and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CARDIAC ARREST	INTERVAL BETWEEN ONSET AND DEATH		
tha by tran cren	MALIS DUE TO	5 1412.		
equires that thy physician. signed by the burial-transit burial, cremal	Conditions, if ony, which gave) CARNIA RILMONAY INSULE CLERCEN	4 MONTHS		
requestion of the property of	nse to immediate couse (a), stating the underlying couse DUE TO	2 /		
The law re attending has been se as the th priar ta	lost. (t) SCLEREDERCUT	3 YEARS		
The rr after the has e has use a dith pr	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?		
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HYSICIAN: haspital ar certificate iched far u	OR CONTRIBUTING TI CAUSE OF DEATH			
G PHYSIC the haspi this certi detached e Dept. a	THIRT HOUSE EXAMINERS /	ounty) (State)		
IDING PHYSICI d by the haspir After this certif is be detached is State Dept. of	Hour o.m. While of work of wo	(5000)		
DIN Affte be Sta	21. I certify that (I) (this haspital) attended the deceased fram 2/28/ 1967 to 4/25/ 1967	62, that (I) (200) los		
TEN Ined OR: A	saw the deceased alive an 1 4/25 1967, and that death accurred at 11.15 A.M., fram causes and an t	he date stated above		
R ATTENI retained ECTOR: A 3 should with the	ATTENDING - MED STAFF - 144 /	ATE SIGNED		
De be		25/6/		
SPITAL OR ATTENIA 4 may be retained FERAL DIRECTOR: A cr, page 3 shauld d be filed with the	220 ADDRESS NAME (Type) ALFRED R. LAPIN SO. MARYLAND GEN. HUSP. CL	INTON, MA		
D HOSP Page 4 r Puner director, shauld b	230 BURIAL CREMATION 23h DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY . 23d LOCATION (City of Town)	(County) (Stote)		
TO HOSPITAL OR ATTEN Page 4 may be retained To FUNERAL DIRECTOR: director, page 3 should should be filed with the	REMOVAL (Specify) 4-29-67 Queene Chapel Munshik	mo		
- 1	24 FUNERAL DIRECTOR 14 SULP 3 & material & Sons 4425 France Ave 15 250 RECISIRAR 256 REGISTRAR 256 R	SCHATURE		
VR A15 (4) 25M 1/67	#3 WAShington & Sons 4425 Lenne Dre RE DAHAPR 27 1967 follow	las Judgen		



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIA	MORE 1, MARYLAND
-	05707 CERTIFICATE OF DEATH	05707
1.	TRINCE GEORGE MARYLAND WITH KYCHNIS	ed, If institution, Residence before admissio COUNTY PRINCE GECEGE
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	i, writa RURAL and give neerest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDENCE
3.	12503 JCARLET LANE 12503 JCARLE 3. NAME OF DECEASED DECEASED DATE	Month Day Year
	(Type or print) LEONE N KOSS DEATH A	PRIL 9 1967
	FEMALE WHITE WIDOWED DIVORCED WAN 17, 1915 52.	yeers IF UNDER 1 YEAR IF UNDER 24 HRS If UNDER 24 HRS Min.
10 d	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired) ATT RIFLE ASSOC DALLAS CTY, TOIL	12. CITIZEN OF WHAT COUNTR
13	13. FATHER'S NAME	-1011
15 /V	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown), (If yes give wer or date of service)	ddress
71	NO 19/9-19-3857 HUSBAND - AK	PRRY Koss
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) A NEM IA	INTERVAL BETWEEN ONSET AND DEATH
	DUI TO	
	Conditions, if any, which geve rise to immediate course [b] ACUTE M VELOGENOUS LEUX	EMIA 5 MONTHS
7	Cause lest. Cause lest. C	ON GIVEN IN PART 1(a) 19. WAS AUTOPS
CATIO	O TAKE SIGNIFICANT CONDITIONS CONTINUED TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS	PERFORMED?
L CERTIFI		(8.)
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 19 et work at work 19 et	(County) (Stete)
	21. I certify that (I) (this haspital) attended the deceased from APRIV., 1967, to APRIV.	
	saw the deceased alive on APRIL 919.6./., and that death occurred at 6.30 PM, from the ca	22b. DATI
	22c. PHYSICIAN'S ADDRESS MED. STAFF	1 April 9, 1967
	22c. PHYSICIAN'S NAME (Type) Norman K Bohrer 22d, ADDRESS 3231 SUPERIOR L	ANE BOWIE, MD.
23	23e. Burial, Cremation 23b. Date thereof 23c. Name of Cemetery or Crematory 23d. Location (C REMOVAL (Specify) April 13, 1967 Ft Lincoln Cemetery Colman Man	**
24		b. REGISTRAR'S SIGNATURE
	Tonk T Z B 1001	

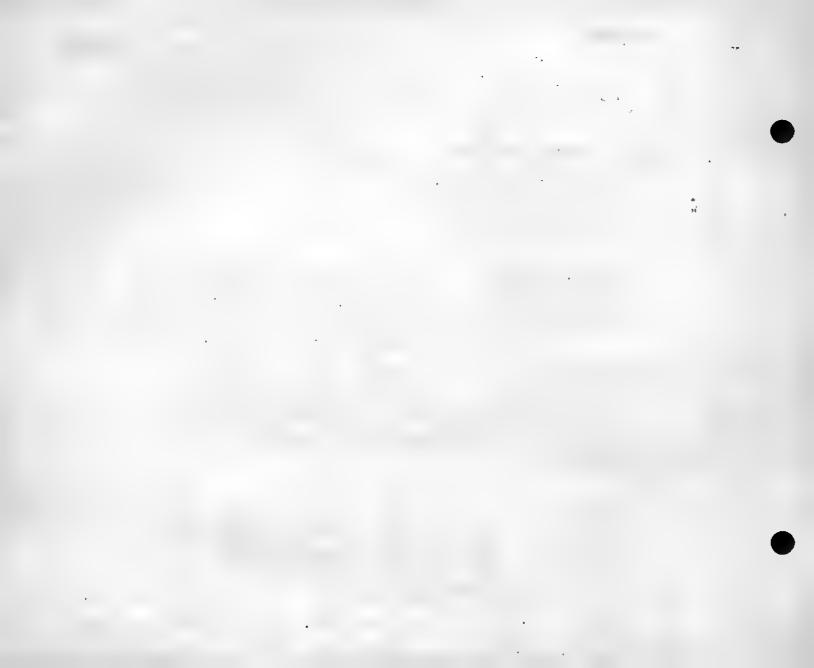
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05708 05708 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT: I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY a STATE 5. COUNTY 2, and Page Prince George's MARYLAND Maryland Prince George's b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL ond give neorest town)

Cheverly DOA Suitland d NAME OF MOSPITAL OR INSTITUTION (if not in hospital give street address) d STREET ADDRESS S RESIDENCE ON A FARM? 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm NO X in Item 18. Give Pages Prince George's General Hospital 3922 Suitland Road NAME OF DATE Month DECEASED OF (Type or print) Glenn Tsadore Rothenberg DEATH S SEX IE UNDER 6 COLOR OR RACE 7. MARRIED B DATE OF BIRTH AGE (In years NEVER MARRIED lost birthdoy) Months Dovs within 72 hours after death. WIDOWED DIVORCED 16 April 1945 Male White 100 USUA, OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or fore an country) 12 CITIZEN DE WHAT during most of working life, even if retired) 14 MOTHER'S MA DEN NAME 13 FATHER'S NAME Stella 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT 3922 SUTTANO Rd (Yes, no, or unknown) (If yes give wor or dates of KOTHENBERG, SOITHAND, Shella 520-44-7973 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN any event PART L DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Traumatic rupture of aorta and right atriam writing the ward This cert ficate should DLE TO And laceration of right lung Conditions, flony, which gove ; (b) From trauma auto accident use to immediate cause (a). .⊆ DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? remayal, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES JC NO 20a EXTERNAL (AUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part or Part II of Item 18.) 0 CALISE OF DEATH Driver of car which ran off road and hit cement pillar, cremat an, 20c TIME OF NURY Month, Day, Year 20e PLACE OF INJURY (Home form, 201 Prince George (Co. Md. (Stote) Siutland Rd. 2000 ft. west of Arnold Rd. Not While of work Hour om While of work 2:10ampm 4-5-21. I certify that I taak charge of the remains described above, held an Autopsy Inspection , Inquiry &. and in my apinian death resulted fram: Natural Pauses [Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME Type John Kehoe, M.D. 4-6-67 Address (Street city town or county) Riverdale, Md. 23d LOCATION (City or Town) (Stote) 25b REGISTRAR S SIGNATURE 250 REC'D BY REGISTRAR VR A15ME (5) Whenela Judge 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05709 CERTIFICATE OF DEATH PLACE OF DEATH . USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY PRINCE GEORGE'S MARYLAND MARYLAND PRINCE GEORGE
c. CITY OR TOWN (If autiside carparate limits, write RURAL and give nearest town) 24 haurs after b CITY OR TOWN (If autside carparate imits, write RURAL and give nearest town) t LENGTH OF STAY IN 1b ANDREWS AIR FORCE BASE DOA HILLCREST HGTS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 2304 DAWSON ST. USAF HOSPTTAL ANDREWS YES NO TO requires that the death certificate be executed within 3 NAME OF Middle (St. Jnge) Last 4 DATE Day DECEASED JOSEPH MILTON StONGE DEATH IF UNDER I YEAR 9 AGE (In years S SEX 6. COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH IF LINDER 24 HRS 7 MARRIED 5ve last birthday) 3 vrs. Davs Haurs APRIL 1913 MALE WIDOWED DIVORCED CAU remi 12 CIT ZEN OF WHAT HOSPITAL 10g LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, at foreign country) during mast of warking life, even if retired)
RETIRED NAVAL OFFICER COUNTRY? INDUSTRY US NAVY MERIDEN, CONN USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME JOSEPH E. ST ONGE SARAH JANE WALSH IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address HIS (Yes, no or unknown) (If yes give war ar dates at service) MRS MARY E. STONGE SAME AS # 18 CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c)) Aneurysm inferior mesenteric PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH OUNT artery with rupture and hemorrhage. 414 JX DUE TO NS Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause œ 19. WAS AUTOPSY PERFORMED? PART F. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) THE NO F ā 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) RELEASED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20d. INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year factory, street, affice bldg, etc.) Hour a.m. Not While at work 21. I certify that (4) (this haspital) attended the deceased fram 7 MALCH , 1967 , to L. APRIL , 1967 , that (4) (we) last saw the deceosed alive on 291 ARCH 19.67, and that death occurred at 820P M, from causes and on the date stated above. 22b. DATE SIGNED 22a, SIGNATURE STAFF ATTENDING 5 APRIL 1967 DIRECTOR PHYS. USAF HOSPITAL ANDR WS, ANDREWS AFB, 22 PHYSICIAN'S TO FUNERAL NAME (Type) ARTHUR A. ALTMAN, MAJ, USAF, MC director, should b 23d LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. REMOVAR (Specify) Apr. 7-1967 Arlington Virginia Arlington Nat 1 2So REC'D BY REGISTRAR 24-FUNEAL DIRECTOR Ochemen DAAPR 7 ions Bros. 1661-Good Hope Rd SE Wash DC



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) the attending physician and completely filled in by the funeral isst permit. Then please remove durbing-papers. Pages I and mation, at removal, and in any event withing-12 haurs after deat PLACE OF DEATH D. COUNTY PRINCE MARYLAND GEORGES C.TY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give reporest town L REWS AF BASE 7 davs GROTEN MUNFORD COVE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS HOSPITAL ANDREWS USAF NEPTUNE DRIVE NO X 3 NAME OF First Middle 4 DATE Lost Dov Year DECEASED OF DEATH ALICE MESSER SAMPSON (Type or print) S SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF JNDER I YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED CAU FEMALE MAR 10o USJAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 106. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life even if retired) INDUSTRY COUNTRY? HOUSEWIFE NA CONCORD, MASS HSA 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, ar remaval, CLARA CHAPLATN ADELBERT MESSER WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) [(If yes give wor or dotes of service) 045-38-4688 HUSBAND INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART 1, DEATH WAS CAUSED BY burial-transit ONSET AND DEATH Ardiovascular IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if only, which gove rise to immediate couse (a), DUE TO stating the underlying couse this certificate has been directar, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior ta lost. WAS AUTOPS! PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work After 1 of work , 19 67, to 11 April, 1967, that (1) (we) lost 2) | certify that (1) (this hospital) oftended the deceased from A Rocil saw the deceased alive on 11 April 19 67, and that death accurred at 12 20 PM, from causes and on the date stated above O PUMERAL BIRICTOR 220 SIGNATURE 22b. DATE SIGNED ATTENDING MD. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN S Hospital Andrews NAME (Type JOHN W. BRISTOW, CAPT USAF Wash-DC Andrews AFB-230 BURIAL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BEMOVAL (Specify) 4/13/67 ARLINGTON NATIONAL ARLINGTON VIRGINIA DATE PRESISTRAP 24 FUNERAL DIRECTOR ROBERT E. WILHELM FUADORESSAL 25b VR A15 (4) 20 M 1/66 4308 SUITLAND ROAD, SUITLAND, MARYLAND

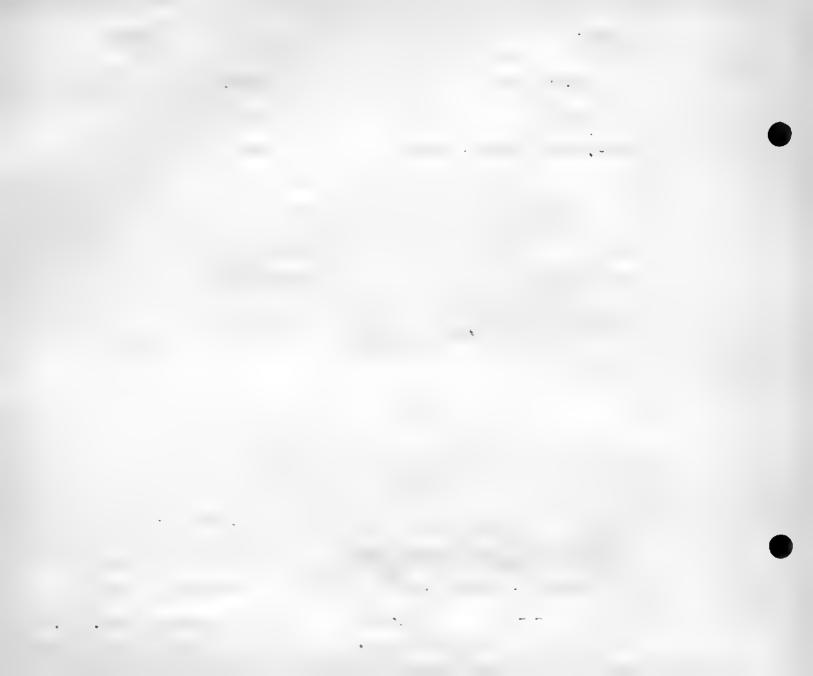


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05715 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss 1. PLACE OF DEATH Prince Ceorge Essex b CITY OR TOWN (If outs de carpetore limits, write RURAL pad que necrest (own) C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURA), and give negrest town) Maplewood. 4-17-67 d STREET ADDRESS d NAME OF HOSP TAL OR INSTITUTION (If not in basnital, give street address) ON A FARM? 70 Essex Ave. YES NO S NAME OF Last 4 DATE DECEASED C. 7 0 DEATH 9. AGE (In years S. SEX 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH lest birthday) Months WIDOWED DIVORCED 12. CIT ZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY_ 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 16. SOCIAL SECURITY NO INFORMANT (Yes, no, or waknown) (If yes give was as dates of service) Beltsville. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line jay (a), (b), and (c) ONSET AND DEAT burial-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause os the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND THON GIVEN IN PART I(a) 19 WAS AUTOPS PERFORMED? NO 205. DESCRIBE HOW INCURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20g ACC DENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Nat While at wark O FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased from_ 3-2-9 , 1967 that (19 (we) last 19 67, to 4-17 -12 19 17, and that death occurred at 1855 fram causes and an the date stated above. saw the deceased olive on 22b DATE SIGNED 22a SIGNATURE M.D. PHYS director, page 3 should be filed v 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 230 BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY B11 REMOVA-(Specify) Fair View 4-19-67 Cemetery tery Amsterdam, New York
250. RECT BY REGISTRAR 256. REGISTRAR'S SIGNATURE PUMPHREY, Bethesda, Maryland VR A15 (4) 20 M 1/66





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05712 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY o. STATE Prince Georges Princed Georges Marvalid requires that the death certificate be executed within 24 hours after MARYLAND b CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town)
Cheverly hours 3 hrs Jessup ampletely filled in bruse carban papers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) B IS RESIDENCE ON A FARM? d STREET ADDRESS Box 297 Prince Georges General Hospitsal □ NO I 3 NAME OF First Middle 4. DATE Month Lost Doy Year DECEASED OF DEATH Baby Boy B Seal 3 April 1967 (Type or pont) S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years JE UNDER 1 YEAR IF JNDER 24 HRS 7. MARRIED **NEVER MARRIED** last birthday) Months Days Haurs WIDOWED White DIVORCED in any Male 3 April 1967 3 the attending physician and isit permit. Then please ren 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? USA Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal. Larry Seal Sandra Lee Shaw 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, or unknown) (If yes give war ar dates at service) as 2 crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per ine for (a), (b), and (c). signed by the burial-transit p burial, cremati PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave (b) rise to immediate cause (a), **DUE TO** stoting the underlying couse ar offending as the has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? CERTIF CATION 0 NO M IO FUNERAL DIRECTOR: After this certificate for by the haspital 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of njury in Part E or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20c TIME OF INJURY Month, Day, Year (City of fown) (County) (State) Haur am factory, street, office bldg., etc.) While Not While at wark at work 21. I certify that (1) (this haspital) attended the deceased from April 3. 1955.20 M. fram causes and an the date stated above be retained saw the deceased alive on April 3, 1967, and that death accurred at 220. SIGNATURE 22b DATE SIGNED **ATTENDING** STAFF DIRECTOR PHYS 22d ADDRESS 22c PHYS CIAN'S NAME (Type) Andrew Aronfy. G. Prince Georges General Hospital directo 23d LOCATION (City or Town) 23a BUR AL CREMAT ON 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (County) (Stote PEMONAL (Specify) 4-4-57 Seals Farm Etchison Mont 24. FUNERAL DIRECTOR H. Barber Laytons ville, Md. 25g. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 196 7-198428



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05713 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence bef o. COUNTY Prince George's Marydand b. COUNTY, nce George's 2 detay c CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) b CITY OR TOWN (foutside corporate imits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Riverdale DOA Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RES DENCE ON A FARM? ef Medical Examiner's Office alang with form 5913 Harrison Avenue Prince George's Hospital YES NOOKEN ill Item 18. Give Pages 3 NAME OF Middle DECEASED (Type or print) Frances DEATH AGE (n yeors lost pirthdoy) S SEX 6 COLOR OR RACE B DATE OF BRTH IF UNDER 7 MARRIED NEVER MARR ED 🛣 Months white 5-29-46 female WIDOWED within 72 hours after deat 100 USUA, OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? TRAVEL CONSULTANTS! WASHINGTON, DIC 13 FATHER'S NAME 14. MOTHER 5 MAIDEN NAME RODDY MARION 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO MRS. MARION SHUMAKER Address SAME AS (Yes, no, or unknown) (If yes give wor or dotes of service) NENE 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN PART 1 DEATH WAS CAUSED BY and in any event Laceration of brain IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove Trauma-Auto accident minutes snauld be farwarded ta rise to immediate couse (a), DUE TO stoting the underlying couse 19 WAS A JOPSY PERFORMED? remaval, PART II OTHER 5 GNIFICANT CONDITIONS CONTR BUTING TO DEATH BUTINOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X 20o. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of Item 1B.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH Driver of car involved in collision. 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year (City or town) Rt. 495 east of Balto-Wash Pkwy. P.G. Md. Not While may be retained far your FUNERAL DIRECTOR: Page While of work Of work 3:15AMm 4-1-67 21 I certify that I taak charge of the remains described above, he dian Autopsy Inspection , Inquiry . and in my opinion Accident x death resulted from Natural causes Suicide (Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAM, NER **EXAMINER'S** John Kehoe, M.D. NAME 'Type! ACT VERGATIVE TOWNING COUNTY) NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL DIRECTOR 2So RECD BY REG STRAR VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05712 requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b COUNTY Prince George o. COUNTY Prince George Maryland MARYLAND signed by the attending physician and campletely filled in by the burial-transit permit. Then please remays carban papers. Paggs b CITY OR TOWN (If outside corporate irrits, C LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GTE nun Dand give nearest town) GlennDale d STREET ADDRESS B IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 00 10004 Dubarry Street 10120 Dubarry Street NO PC YES 🗔 3. NAME OF Middle ... 4 DATE Month Doy Year DECEASED (Type or print) 23 196 DEATH IF UNDER 1 YEAR S SEX DATE OF BIRTH AGE (In years IF UNDER 24 HRS Est outhdoy) Months Dovs Hours Male White Dec. 16, 1909 WIDOWED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT Self Employed during angst of working life, even if retired) Maryla nd 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME burial, crematian, ar remayal, William Sinyard Margaret V. Fraley 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no or unknown) (If yes give wor or dotes of service 577 07 3017 Catherine M. Sinyard Same as #2 (wife PART I. DEATH WAS CAUSED BY. INTERVAL BETWEE Conditions, if ony, which gove nse to immediate cause (a) DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the director, page 3 should be detached far use as the shauld be filed with the State Dept. of Health priar ta lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES -NO 200 ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg, etc.) Not While ot work 21. I certify that (I) (this hospital) attended the deceased from. 1965, to. , and that death occurred at 239 M, fram causes and an the date stated above saw the deceased alive an 22o SIGNATURI 22b. DATE SIGNED ATTENDING AYS 22d. ADDRESS PHYS. M.D. DIRECTOR 22c. PHYSICIAN NAME (Type 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION (County) (Stote) Bully (Specify) 4/26/67 Ft. Lincoln Colmar Manor, 25b. PEGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) Francis Gasch's Sons Hyattsville, Md.

रंगस्तिरमाद्र एगावन अंतर्गति ५ २:

(3) EVILY : TEN X 1973 . 17 . 1873 . 17

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 95716 05715 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death offer.death ond signed by the ottending physicion and campletely filled in by the funeral buriol-transit permit. Then pleose remove cachan papers. Pages 1 and buriol, cremation, or removal, and in only eyent, within 72 hours aftered and in only eyent. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PRINCE a. STATE b. COUNTY GEORGES MARYLAND COLUMBTA b CITY OR TOWN (If outside corporate limits, ¿ LENGTH OF STAY IN 16 c CITY OR TOWN (If outside cornarate limits, write RURAL and give negrest town). BASE 12 days WASHINGTON d, NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE USAF Hospital Andrews 1619 SUTERS YES NOV LN N.W 3 NAME OF Middle 4. DATE Year Day DECEASED event, RUTH SENTER (Type or print) DEATH APRTI 5 SEX IE UNDER TYEAR IF UNDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED ast birthdoy) Months Dovs Hours CAU FEMALE 2-28-1916 WIDOWED DIVORCED 10o, USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 81RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY TENNESSEE Housewife
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PHILLIP J. TINSLEY SUSAN CUNYUS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) SEE ITEM -LT.GEN'L. W.O. SENTER. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter any one cause per line for (a) (b), and (c)) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Cardiorespiratory Arrest IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave Metastatic Carcinoma of Breast rise to immediate couse (a). DUF TO stating the underlying couse as the prior to l TO FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use YES X NO 200 ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I at Part II af item 18.) of OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While of work 21 I certify that (this haspital) attended the deceased fram 6 April , 19.67, to 18 April, 1967, that (1) (we) last 3 should saw the reseased alive an 18 April 1967, and that death accurred at 11. 10M, fram causes and an the date stated above. 22a SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING 18 Apr 67 director, poge 3 should be filed v M.D. DIRECTOR PHYS. 22d. ADDRESS USAF Hospital Andrews PHYSICIAN'S NAME (Type) CHARLES PHELPS, CAPT USAF MC Andrews AFR Wash DC 2033] 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE THEREOF (County) (Stote) PEMOVAL (Specify) ARLINGTON NAT'L. CEM. ARLINGTON 4-21-1967 250 REC'D 8Y REGISTRAR DATE APR 2 1 Wash D. CInc. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Joseph VR A15 (4) 20 M 1/66 Charles Wisc. ve.

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MARYLAND STATE DEPARTMENT OF HEALTH



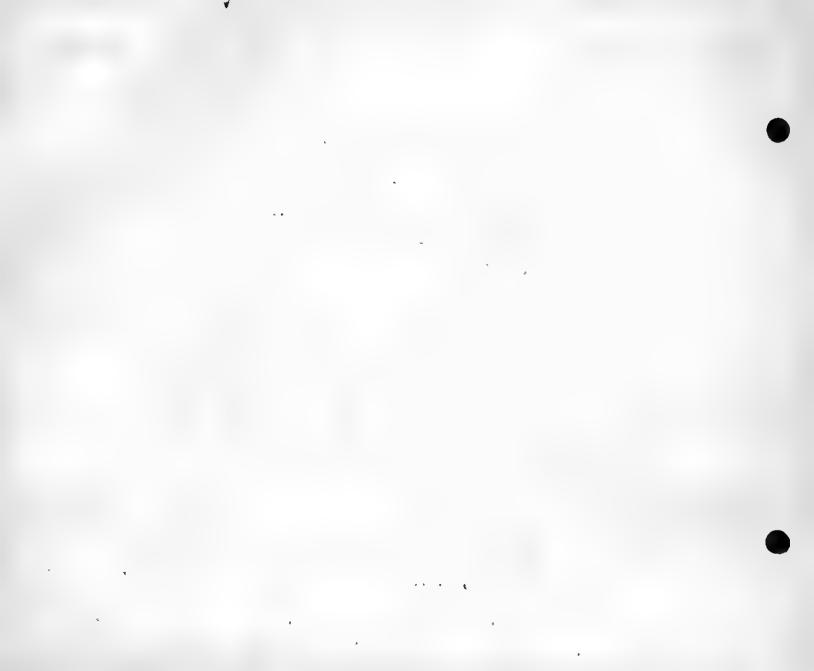
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05718 CERTIFICATE OF DEATH deoth. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before part ssion) o. COUNTY o. STATE b. COUNTY requires that the deoth certificate be executed within 24 hours offer MARYLAND Maryland Prince Georges b CITY OR TOWN (If outs de corporate limits C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) bon papers. Pag within 72 hours ond completely filled in by 2 days Cheverly Washington, D/C, Bradbury Height d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? YES NO XX Prince Georges General Hospital 5216 U St. 3 NAME OF DATE Lost DECEASED (Type or print) Sims DEATH John IF UNDER 24 HRS AGE (In years IF JNDER 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Dovs Hours WIDOWED DIVORCED Male White April 1897 10g JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 17 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) Railroad Express COUNTRY? the attending physicion set permet. Then pleose puo Retired Alabama 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Jeptha P. Sims Janie Mc Collester 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Same 85 (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Lela J. Sims Yes 18. CAUSE OF DEATH (Enter only one couse per line for IMTERVAL BETWEEN buriol-tronsit PART I DEATH WAS CAUSED BY DNSET AND DEATH IMMEDIATE CAUSE (o), DUE TO Conditions, if any, which gave rise to immediate couse (o), DUE TO stoting the underlying couse Page 4 moy be retained by the hospitol or ottending at the FUNERAL DIRECTOR: After this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? CERTIFICATION for Use of Health NO T YES 🗀 20o ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg . etc.) Not While ot work , ta April 12, 1967, that (1) (wg) last 21. I certify that (I) (this has pital) attended the deceased from Feb. 6 and that beauth accurred at 600M, fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. 22c PHYSICIAN'S ADDRESS NAME (Type) 6501 Landover Rd. Cheverly, Maryland Julius Kauffman, M.D. director, should b 230 BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) REMOVAL (Specify) Burial Oedar Hill Cemetery Suitland. Maryland 25b. REGISTRAR'S SIGNATURE ADDRESS 2So REC'D BY REGISTRAR 24 RUNERAL DIRECTOR Milantes Bros. 1661- Gd. Hope Rd. SE. Wash. DO



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05713 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05719 FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY a STATE **b** COUNTY the State Department of Prince George's Maryland MARYLAND Prince George's deloy b CITY OR TOWN (If autside corparate amits write RURAL and give neorest town) CLENGTH OF STAY IN Th c CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town). Cheverly DOA Forestville a NAME OF HOSPITA. OR INSTITUTION (finat in hospito, give street address) d STREET ADDRESS P S RESIDENCE ON A FARM? 4513 Rena Rd. Apt. in Item 18. Give Poges Prince George General Hospital YES NO DE hours after deoth olong with NAME OF M ddle Tast 4. DATE Month Dov Year DECEASED (Type or print) Frances Gravely Slason 20 19 67 DEATH S SEX 6 COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH AGE (In years 1F UNDER 24 HRS 7. MARR ED last birthday) Manths Hours Office of D YORCED White Female 100. USUAL OCCUPATION (Give kind of work done during most of working frequent if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) .2 CIT ZEN OF WHAT INDUSTRY Virginia d "pending" in pencil in Ch'ef Medical Examiner's 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME be executed within any event within 72 hours Clay Webster Gravely Mary Lou Harbin IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) If fives a verwar ar dates of service Frank Kane Slason same as #2 18 CAUSE OF DEATH (Enter an y one cause per time for (a) (b) and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (0) Hepatic failure days This certificate should writing the ward Cirrhosis of the liver unknown Conditions, if any, which gave forworded to rise to immediate couse (a), .⊆ DUE TO stating the underlying couse 19 WAS AUTOPSY PERFORMED? YES NO removal, PART I OTHER SIGN F CAN'T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (10) the certificate, 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part i ar Port I of Item 18) 3 should cremation, or PRIMARY ar CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. 3 20d INJURY OCC., RRED 20c TIME OF NJURY Manth, Day, Year 20e, PLACE OF NJURY (Home, form (City or town) (County) (State) MED Not While factory, street, affice bldg. etc.) FUNERAL DIRECTOR: Poge at work at work please execute 21 I certify that I took charge of the remains described obove, held on Autopsy Inspect on x, inquiry 50, and in my opinion death resulted from. Natural kauses 🔀 . Accident 🔼 Su cide , Hamicide moy be retoined Undetermined manner CHIEF MED CAL EXAM NER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Kehoe, M.D. Riverdale, Md. John Address (Street city town or county) 23c NAME OF CEMETERY OR CREMATORY 723h DATE THEREOF 230 BURIAL CREMATION, 0 DREMOVA. (Specify) Cedar Hill Cemetery 4/24/67 Suitland, Md. 24 FUNERAL DIRECTOR 256 REG STRARS SIGNAL RE OCCUPANCES JUNGS 250 REC D BY REG STRAR ompany VR A 15ME (5) 6M 1/67 Washington

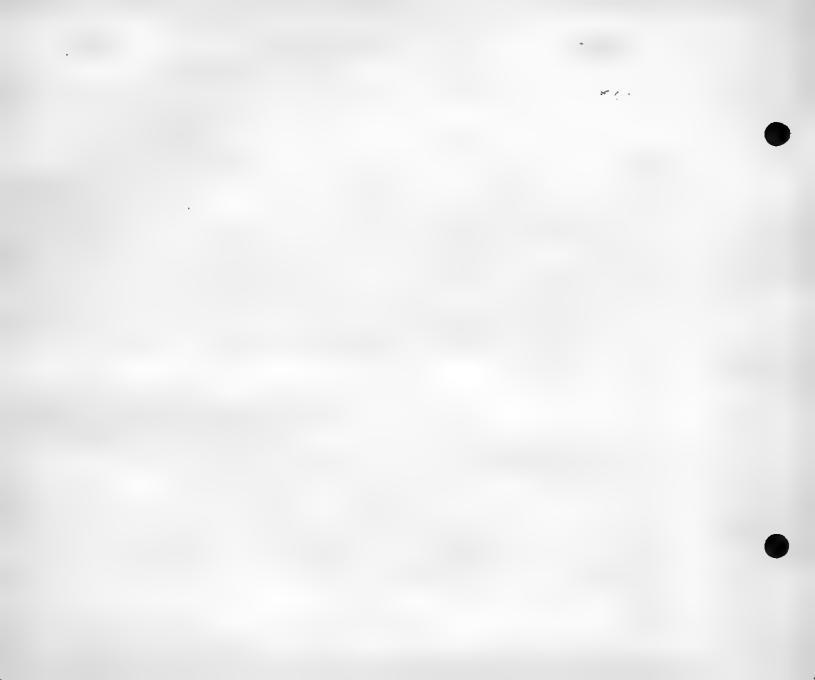


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 I. PLACE OF DEATH Residence before admiss an) o. COUNTY o. STATE **b** COUNTY PM3. Page Prince George New York th the Stote Deportment of MARY, AND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town! Buffalo Cheverly
d NAME OF HOSPITAL OR NSTITUT ON (fination hospito, give street address) d STREET ADDRESS ON A FARM? the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 4 should be forwarded to the Chef Medical Examiner's Office along with farm Prince George General Hospital Nottingham Terrace YES NO TX 24 hours ofter death NAME OF Midd e F rs1 Last 4 DATE Manth Year Day DECEASED Smith 17 Clayton Μ. 19 67 (Type or print) DEATH B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR FUNDER 24 HRS 6 COLOR OR RACE Z MARRIED NEVER MARRIED eost birthdoy) Months Days Hours 10 Aug., WIDOWED DIVORCED 1884 any event within 72 hours ofter deat IDo. USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired) COUNTRYS INDUSTRY New York 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Anselm J. Smith Catherine M. Morgan 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na, ar unknown) (If yes give wor or dates of service) Hospital Records IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH Heart failure Minutes IMMEDIATE CAUSE (a) This certificate should **DUE TO** Conditions of any, which gave Arteriosclerotic heart disease rise to immediate cause (a), **DUE TO** 0 stating the underlying cause 19 WAS AUTOPSY or removal, PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION NO 2Da EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part | or Part | of tem 18.) 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH cremation 20c TIME OF NovRY Month, Day, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form (County) Haur om Nat While factory, street, office bldg, etc.) Page at wark 21 I certify that I took charge of the remains described obove, held an Autopsy , Inspection 😿 Inquiry 5 and in my opinion death resulted from Naturo couses & Homic de Acciden Undetermined monner director CHIEF MEDICAL EXAMINER DIR ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL I the funeral 4-17-67 DEPUTY MEDICAL EXAMINER **EXAM NER'S** John Kehoek M.D., Riverdale TO FUNE Hea th Address (Street, city, town, or county). NAME 'Type' 230 BUR.A. CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) ((o inty) Buffelo, N.Y. Forest Lawn 256 REGISTRAR S S.GNATURE 25a REL D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15ME (5) 6M 1/67 Home Inc





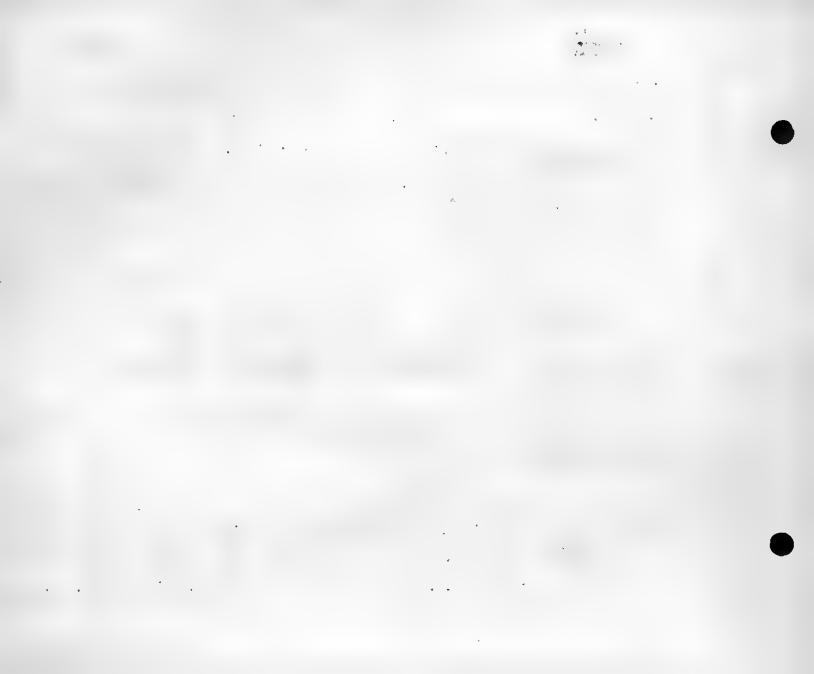
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05722CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission a. COUNTY o. STATE b. COUNTY Prince Georges Maryland MARYLAND Geo. b. CITY OR TOWN (If autside corporate imits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) ely filled in by the ban papers. Page within 72 haurs a write RURAL and give nearest town)
Forestville Forest Heights d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 310 Onondaga Drive Regent Nursing Home YES NO X and campletely file response tarban p 3 NAME OF 4. DATE Marth Year Doy DECEASED 1967 event, (Type or print) DEATH IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH (In years last birthday) Manths Days Haurs All of Female White DIVORCED WIDOWED 10a, USUA, OCCJPATION (Give kind of work dane 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
House Wife attending physician v permit. Then please INDUSTRY COUNTRY? t Home Ohio USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remaya Frank Hausch Anna Mary Johnson 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates af service No Mary Bell Shenherd Same as crematian, 1B CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)),
PART I DEATH WAS CAUSED BY,
IMMEDIATE CAUSE (a) signed by the burial-transit p ONSET AND DEATH DHE TO Canditians, if ony, which gave (b) rise to immediate couse (o), DUE TO stating the underlying couse be retained by the haspital ar attending After this certificate has been be detached far use as the State Dept of Health prarta PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO OR ATTENDING PHYSICIAN: 20g. ACC DENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Doy, Year (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc. Not While 1967, to 4-20, 1967, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from 1967, and that death accurred at 8 3/2 M, from couses and on the date stated above. saw the deceased alive an DIRECTOR: director, page 3 shaul should be filed with the 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D TO HOSPITAL Page 4 may b 22c. PHYSICIAN'S TO FUNERAL NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 230 BURIAL CREMATION. Burla (Specify) 4/22/67 Boston Hghts. Cem. Summit County (24. FUNERAL DIRECTOR 25a REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Menulas Judas J. Wm. Lees Sons, Washington 1967



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF THE ATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Prince Geo. Maryland PraGeo. MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 4 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b In and completely filled in by the removel carbon papers. Page in any event, within 72 hours at hours mos.18 Riverdale dat Hvattsvill. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 5023 Riverdale Road NO X Manor Home for the Aged Carroll YES exemuted within Month 3. NAME DE DATE Day Year First Middle Last DECEASED OF 167 Annie K. Stickney DEATH April 2 (Type or print) 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX DATE OF BIRTH 2. MARRIED NEVER MARRIED last birthday) | Months | Days Hours Then please remore removal, and in any 1876 WIDOWED T DIVORCED [90 Female. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12, CITIZEN OF WHAT 11. RISTHPLACE (County & State, or foreign country) been signed by the attending physicimithe burial-transit permit. Then please in to burial, cremation, or removal, and in COUNTRY? cartificate be during most of working life, even if retired) INDUSTRY U.S.A. Housewife Canada 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Smith John Kenney 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address death (Yes, no. or unkown) | (If yes give war or dates of service) Mr. Geo. Stickney (above add-578-62-351 500 ANTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I, DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the prior underlying cause last, certificate has (c) 62 63 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? for use NO 🗷 YES DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc. O FUNERAL DIRECTOR: After the director, page 3 should be deshould be filed with the State Hour a.m. Not While OR ATTENDING | 19 at work at work 1944 to as 19 . Z. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from Que TO FUNERAL DIRECTOR: , and that death occurred at 11 4 Marom the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED 22b. ATTENDING PHYS. PHYS M.D. DIRECTOR 4 may **ADDRESS** PHYSICIAN'S 22d. NAME (Type) C NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, St. Rose of Lima Cem. Littleton, N.H. 1967 Funerappress Mt. Rainiansa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Nallev Inc. 196 Maryland VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) Maryland Prince Georges p. COUNTY Prince Georges MARYLAND filled in by the filled in papers. Pages b CITY OR TOWN (1 outside corporate limits, write RURAL and give nearest town) E. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seat Pleasant Cheverly 8 days d. STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 6909 Adel St. Prince Georges General Hospital YES 🔲 NO K 3 NAME OF Middle 4. DATE Month Last Doy Year physician and completely DECEASED (Type or print) DEATH April 19 67 Gladvs Taylor. lease removered AGE (In years F UNDER 1 YEAR JE UNDER 24 HRS. S SEX 7 MARRIED B. DATE OF BIRTH 6 COLOR OR RACE **NEVER MARRIED** lost birthdoy) Months Doys Hours and in any WIDOWED DIVORCED Female White 6/11/01 65 12 CITIZEN OF WHAT 10o USUA, OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) U.S.A. during most of working life, even if retired) Austin, Texas 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Tutt Charles Bonte 17. INFORMANT Address IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 20 -6257 Bradford L. Taylor Same as crematian, INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by be retained by the haspital or attending physician. 1337 DHF TO Conditions, if only, which gove rise to immediate couse (o), DUE TO storing the underlying couse as the priar tal has been lost 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use Health NO KX this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached 1 (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form (City or town) (County) Hour o.m. foctory, street, office bldg , etc.) Not While of work O FUNERAL DIRECTOR: After 21. I certify that (I) (this receive!) attended the deceased from March 27, 1967, to April 5, 1967, that (I) (xe) last be filed with the sow the deceased alive an April 5 1967, and that death occurred at 8:55 M from causes and on the date stated above. 22b. DATE SIGNED 22o. SIGNATURE MED AM STAFF April 5. 1967 M.D DIRECTOR PHYS PHYS 22d. ADDRESS 22c PHYSICIAN S NAME (Type) Peter Duus, M.D. 6124 Central Ave. Capitol Hights. Md. director, shauld 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BUR ALXEREMATION 23b DATE THEREOF (County) (Stote) 4-8-1967 Fort Lincoln Co Maryland Prince George RECD BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4)



W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edm ssion) e. COUNTY b. COUNTY Maryland PraGents Prince Georges MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c LENGTH OF STAY IN 16 write RURAL and give neerest town) 1 Me.. 18 DaysUpper Marlboro Lanham d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE QN A FARM? Magnolia Gardens Nursing Home RFD Box 4010 death certificate be executed 3. NAME OF Middle 4. DATE Month DECEASED OF Arthur Raleigh (Type or print) Tayman DEATH 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED SEX DATE OF BIRTH 9. AGE (In yeers IF UNDER I YEAR IF UNDER 24 HRS 79 vrs Months Hours White Male Nov. 2. 1887 WIDOWED IX remove 976 TOB. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Slete, or foreign country) 12. CITIZEN OF WHAT COUNTRY Tobacco Farming Maryland Tenent U. S. please _⊆ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Henry Tayman Eleanor----Address RR Box 1799 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16 SOCIAL SECURITY NO. | 17. INFORMANT the law attending physician. Phillips - Mariboro M Mrs. Virginia K. 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), end has been signed by ò ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation. burial-transit DUE TO ic Aund Ovazcular dis. va Conditions, if env. which geve rise to immediate cause **DUE TO** (e), stelling the underlying hospital or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPS) 0 CERTIFICATION PERFORMED? USB prior NO K 20e ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury In Port II or Port II of item 18-) After this OR CONTRIBUTING | CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d, INJURY OCCURRED I 20e, PLACE OF INJURY (Home, ferm, ! 20f. (Cily or town) [County] (Slate) ö fectory, street, office bldg., etc.) DIRECTOR: Hour a m Not While el work et work p m. 194. L, that (I) (we) last 21. I certify that (I) (this hoppital) attended the deceased from....... M, from the causes and on the date stated above. ., and that death occurred at? ATTENDING X 22e. SIGMATURE 22b, DATE SIGNED death. Page 4 STAFF HOSPITAL 18/6 DIRECTOR PHY5. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ector, Holmes, M. D. Clark Upper Marlboro, Maryland 20870 23d. LOCATION (City, fown or county) 23e. BURIAL, CREMATION, | 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stete) D.p.g REMOVAL (Specify) Cedar Hill Suttland Maryland Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Bros. Upper Marlboro, Md. 20M 5-63

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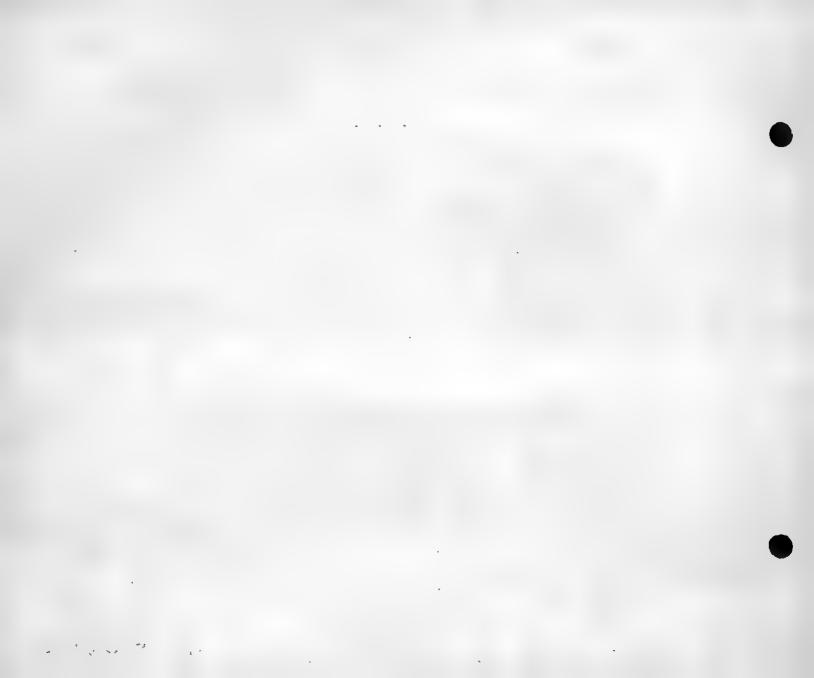
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05726 FOR STA PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution o. COUNTY o. STATE b. COUNTY PM3. Page the State Department of Prince George's MARYLAND Maryland Prince George's b CTY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) c .ENGTH OF STAY IN b c CITY OR TOWN (Fautside corparate in its write RLRA, and give nearest town) Cheverly DOA Forestville d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) e IS RES DENCE ON A FARM? form Pages Prince George General Hospital 8114 Redwood Drive YES NOX e, writing the word 'pending' in pencil in Item 18 Give Pagi forwarded to the Chief Medical Examiner's Office along with NAME OF Midd e 4 DATE DECEASED (Type or print) DEATH Claude Zaddock Tayman 7 MARRIED ... Marech 14, 1906 9 AGE (n years NEVER MARRIED lost b rinday) in any event within 72 hours after death WIDOWED DIVORCED White Public Works 10o. USUAL OCCUPATION (Give kind of work done 11 BiRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT duranti ya nginerati na t Maryland 14. MOTHER'S MAIDEN NAME This certificate should be executed within May Smith Claude W. Tayman IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Redwood Dri Forestyille (Yes, no or unknown) 214-28-7634 Ruth A. Tayman-S.E. Forest 1B CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c).)
PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Acute pulmonary edema DUE TO Occlusion of anterior descending artery by Conditions, if ony, which gave) (b) thrombus and hemorrhage into plaque. rise to immediate couse (o), DUE TO stating the underlying couse and removol PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(G) WAS AUTOPS PERFORMED? please execute the certificate, 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II at item 18) PRIMARY OF CONTRIBUTING cremation, or CAUSE OF DEATH (City or tawn) 20c I.ME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form (Stote) factory, street, office bldg , etc.) may be retoined for your FUNERAL DIRECTOR: Poge at work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection ______, Inquiry 🗶. and n my apinian Nataral causes 🖈 //Accident death resulted fram Suicide . Undetermined manner the funeral director. Hamic de 5 may be retoine
TO FUNERAL DIRE
Health prior to b CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X Riverdale, Md. NAME (Type) John Kehoe, M.D. Address (Street city town, or county) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23d LOCATION (City of Town) St. Thomas Cemetery Croom Md. 2So RECD BY REGISTRAR 25b REGISTRAR 5 SIGNATURE VR A15ME (5) Ritchie Bros. Upper Marlboro, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05727 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY COUNTY rince Georges County MARYLAND campletely filled in by the towe carban papers. Pages c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 15 write RURAL and give nearest town) D. O. A. Silver Spring d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Memorial Hospital 11610 Gail Place YES NO 🔽 3 NAME OF Middle 4 DATE First Last Month Day Year DECEASED (Type or print) DEATH 5. SEX B DATE OF BIRTH AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** remove lost birthday) Manths Dovs Haurs Oct 2. 1887 white male any WIDOWED DIVORCED and 100 SJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY? A ease during most of working life, even if retired).
Huto Painter Ret. INDUSTRY North Carolina physician Automotive 13 FATHER'S NAME 14. MOTHER S MAIDEN NAME remaval, _ E3 Hinton Jew Unknown attending | permit Till Landgreen Street

Manyland

Maryland 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no arunknown) (If yes a ve wor ar dates at service) 6 Clarence burial, crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying couse the has been last. SD PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS! PERFORMED? NO F this certificate ģ 20o ACCIDENT WAS UNDERLYING [205, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Haur a.m. foctory, street, office bldg., etc.) Not While of work at work O FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from 10/3/ , 1966, ta 4/22 , 1967, that (1) (we) last be retained 1967, and that death accurred at 1740M, fram causes and an the date stated abave. saw the deceased alive an 44 22o. SIGNATURE 22b. DATE SIGNED. ATTENDING PHYS MED. DIRECTOR STAFF PHYS. M.D. 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) directar, should 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION 23b. DATE THEREOF (State) BEMOVAL (Specify) Parklawn Cemeteru 25a, REC'D BY REG STRAR 256 REGISTRAR S SIGNATURE VR A15 (4) 20 M 1/66 Pumphrey



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 95729 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission, o COUNTY o. STATE h COUNTY Prince George's MARYLAND b (TY OR TOWN (If outside corporate I mits, write RURAL and give nearest town)

Forestville and 2, with the Stote Deportment c LENGTH OF STAY IN 16 c CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D.C. DOA d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? icate, writing the word pending in pencil in Item 18. Give Pages 1, be forworded to the Chief Medical Exominer's Office along with form 1442 E Street, S.E Andrew's Air Force Base Hospital NO X 3 NAME OF DATE Year DECEASED 4-7-67 Toller (Type or print) Ernest DEATH S SEX IF JNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 9 AGE (In years 7 MARRIED X NEVER MARRIED birthdov WIDOWED DIVORCED [Negro male 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done BIRTHPLACE (State or fore gn country) COUNTRY? during most of w INDUSTRY within 72 hours 16 SOCIAL SECURITY NO IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN event ONSET AND DEATH Heart Failure IMMEDIATE CAUSE (o) This certificate shauld DUE TO yno ni Conditions, flony, which gove Arteriosclerotic Heart Disease over 1 vr. rise to immediate cause (o), DUE TO stoting the underlying couse puo be used PART II, OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS remaval, PERFORMED? NO X 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of nury in Part or Part II of item 8) 3 should pluods PRIMARY Or CONTRIBUTING 0 CAUSE OF DEATH 20f (City or town) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20a PLACE OF NJURY (Home, form) Hour a.m. foctory, street, office bldg , etc.) at work ot work 21 I certify that I taok charge of the remains described above, held an Autopsy Inspection X, Inquiry X, and in my opinion Natural kauses death resulted fram... Accident Suicide Homicide Undetermined monner DIRE CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funerol FUNERAL 4-8-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** FUNER Health NA (Type John Address (Street, city, town, or county) Kehoe M.D., Riverdale, Maryland REMOVAL (Specify) VR A15ME (5) 6M 1767



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 95730 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before odmission) by the attending physician and completely filled in by the funeral ransit permit. Then please semove carban papers. Pages I grid o. COUNTY b. COUNTY . o. STATE rinco Georges MARYLAND b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) "wattoville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? icalitan Sta NO F NAME OF 4. DATE Month MARY Year DECEASED TONIS (Type or print) Tearl DEATH 19 S SEX AGE (In years IF LINDER I YEAR IF UNDER 24 BRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED R. DATE OF RIPTH last birthdoy) Months Hours In any WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? and HOUSEWIFE .la.y!. 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Samuel J. CalAHAN mma V. Long 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) NONE achital ad ission record crematian, 1B CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the bur al-transit p CEREBRAL HOMORRHA GE IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO GEN. ARTERIUSCLEDASIS Conditions, if any, which gove UNKNOWN rise to immediate couse (o), r this certificate has been sidetached for use as the bute Dept. of Health priar tab DUE TO stoting the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? NO 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (Crty or town) (Stote) Hour o.m. Not While factory, street, office blda, etc.) of work O FUNERAL DIRECTOR: After of work 21. 1 certify that (1) (this haspital) attended the deceased from 3 - 29 . 1967 to 4-15 1967, that (1) (we) last saw the deceased alive on 4.14 1967, and that death accurred at 375 A M, from causes and an the date stated above. 220 SIGNATURE 22b. DAJE SIGNED ATTENDING director, page should be filed 22d ADDRESS 22c. PHYSICIAN S RIVERDALE NAME (Type) 230 BUR AL, CREMAT ON 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) Bereit APRIL 18,1967 BLADENS BURG FT. LINCOLN CEM. 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05732 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STA PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) Prince George's Prince Goorge's With the State Department c CITY OR TOWN (if outside corporate in its write RURA, and give nearest town) b CTY DR TOWN (If autside carparate mits, C LENGTH OF STAY IN 16 write RURAL and give nearest town) Berwyn Heights 31 days Cheverly n 24 haurs after death 1f úr. Il in Item 18, Give Poges 1, 2, ner's Office plong with form P d. NAME DE HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS a IS RESIDENCE DN A FARM? 5312 Pontiac Street Prince Goorge's General Hospital YES ND DX NAME OF DECEASED M ddle 4 DATE Last 1967 Sophie Katherine Triesler (Type or print) DEATH IF UNDER 1 YEAR 6 CDLDR DR RACE 7 MARRIED NEVER MARR ED 8 DATE OF BIRTH 9 AGE (In years F UNDER 24 HRS birthday) 3-28-1872 event within 72 hours ofter death female white WIDDWED D VDRCED he certificate, writing the word "pending" in penal in Item 1. should be forwarded to the Chief Medical Examiner's Office. 11 BIRTHPLACE (State or fareign country) Do USUAL OCCUPATION (Give kind of work dane 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life even if retired)
Housewife dwn Home Stuttgart Germany This certificate should be executed within 24 14 MDTHER'S MAIDEN NAME 13 FATHER'S NAME unknown Wager No Record 16 SDC A. SECURITY ND 17 INFORMANT Address (Yes, ng. or unknawn) (If yes give war ar dates af service) Adolph W. Triesler 5912 Pontiac St None 18 CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN Berwyn College Park Md. Pneumonia IMMEDIATE CAUSE (a) .. 4200 DUF TO in ony Condit ans, if any, which gave Arteriosclerotic Heart Disease vears rise to immediate cause (a). DUE TO stoting the underlying couse PART II DTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPS) CERT FICATION PERFORMED? Intertrochanteric fracture of right hip ND X 20a EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING ... 20b DESCRIBE HOW INJURY DCCURRED (Enter nature of injury in Part 1 ar Part 1 af item 18.) 3 should at nursing home (Magnolia Gardens)
CCLRRED | 20e PLACE OF INJURY (Hame, form) 20f (City or town) (tas) CAUSE DE DEATH. MED CAL 20c TIME DF INJURY Month, Day Year 20d NUURY DCCLRRED factory street off cabilda etc)
nursing home Not While at wark at work P.G. Lanham Md. 6:00pmm 21 I certify that I taak charge of the remains described above, held on Autapsy , Inquiry X, and in my opinion Inspection [] death resulted fram. Natural causes [7] Accident X Suicide . Ham ade Indetermined manner tuneral director moy be retained FUNERAL DIRE CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME Type) John Address (Street, city, town, or county) M. D. Riverdale, Md. 4-30-67 Kehoe 23c NAME OF CEMETERY OR CREMATORY 23a FUR A' CREMA 23d LDCAT DN (City or Town) 0 5/2/67 Hausoleum agerstown Md. ADDRESS Offman Funeral Home Pausoleum Rose Hill Cem Hagerstown Wash Co Md 25b REG STRAR S SIGNATURE VR ATSME (\$) 6M 1/67



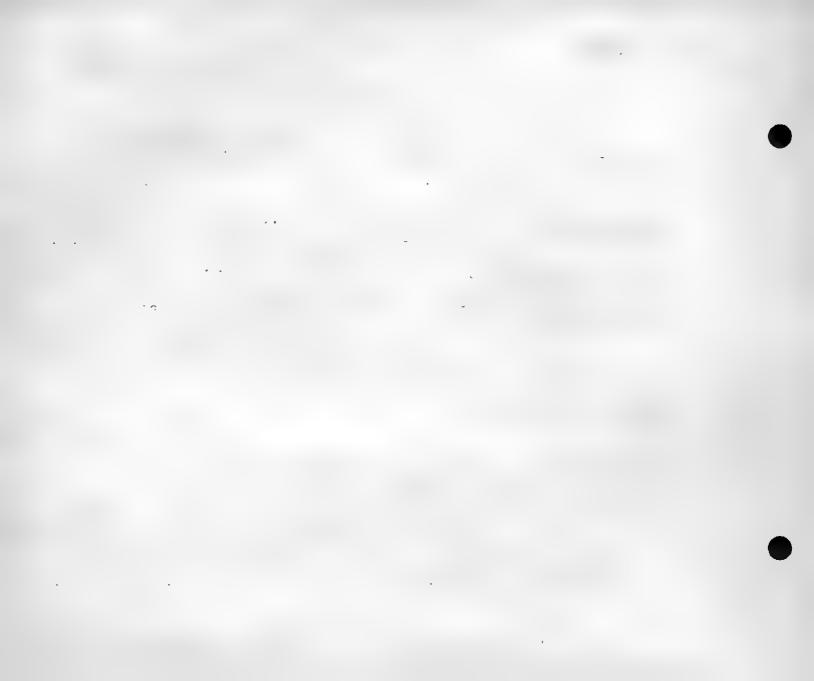
<u> </u>	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	05733 CERTIFICATE OF DEATH
the funeral d 2 should	1. PLACE OF DEATH SOUNTY PLINCE GEOFGE MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
in by the same of	write RURAL and give nearest fown) HAYAHSULLE JYPS. 8 days. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM?
executed completed on papers, fibin 72 hou	CARROLL MANOR. 1942 HOW PLACE S.E. YES NO DECEASED (Type or print) RRTHUR DOMINIC UNDERWOOD DEATH APRIL 3 1967
and and and	MALE WIDOWED DIVORCED JUNE 30, 1893 Never Married Min, Months Days Hours Min, Months Min, Months Days Hours Min, Months Min, Mon
h certii 7 physi se rem in any	done during most of working life, even if retired) CREDIT DEPT. WASH. CAS. LIGHT. WASHINSTON D.C. U.S.A. 13. FATHER'S NAME CELLIA CONTROL OF CONTROL O
quires that the deat hysician. ned by the attending it permit. Then plea n, or removal, and i	BENJAMIN UNDER WOOD MARY FOLEY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no.) or unknown) (Ifyas give were detectors of service) 57 9.03-2005 (Seld and Under Look) 1942 (Yawa) Lack of Security No. 18. CAUSE OF DEATH JENTAR ONLY ON SET AND DEATH WAS CAUSED BY. PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) RESPIRATORY ARPEST MINS.
PHYSICIAN: The law re he hospital or attending plais certificate has been sign for use as the burial-transith prior to burial, cremation	Conditions, if any, which gave rise to immediate cause (e), stating the underlying DUE TO Causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART II.e) 19. WAS AUTOPSY PERFORMED? POST PESE CTION CAGF TONSIL & MELNNOMA YES NO DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Port II of Iam 18.) OR CONTRIBUTING CAUSE OF DEATH III EITHER, NOTELY MEDICAL EXAMINER),
EENDING Pretained by the OR: After this be detached for ept. of Health	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, hour a.m., p.m., 19 Mila work 19 Month 19 Month
ge 4 be reger AL Secretary the State Dith the State Di	21. I certify that (I) (this hospital) altended the deceased from MATHEMATICAL 1965, to Mathematical 1967, that (I) (we) last saw the deceased alive on MATHEMATICAL 28. 19.62.7., and that death occurred at 1.2.M., from the causes and on the date stated above, 22a., SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. SIGNED PHYS. DIRECTOR PHYS. DIRE
Or STE (4)	238 BURIAL, CREMATION 235. DATE THEREOF 237. NAME OF CEMETERY OR CREMATORY 23d., LOCATION (City, lowe or county) (State) 24 EMPHRAL DIRECTOR'S SIGNATURE ADDRESS: 256. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
15M 7/61	Mallingly 131-11M St. S. 2. V. (DAPR 5 1967 followles Jusque =



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 35734 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution- Residence before admission) o. COUNTY Prince Georges o. STATE b. COUNTY MARYLAND Maryland Prince Georges PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the ottending physician and completely filled in by the sit permit. Then places reprove carbon papers. Pages b (IY OR TOWN (If outside corporate limits, event, within 72 hours aft t LENGTH OF STAY IN 16 c City OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 1 hr. 25 mins Cheverly Accokeek d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e IS RESIDENCE ON A FARM? P. O. #64 YES NO Prince Georges General Hospital 3. NAME OF Middle First Lost JR. OATE Month Oov Year **OECEASED** 0F Ellwood 1967 (Type or print) G. Valentine 14 **OEATH** Apri.] 9 AGE (in years IF UNDER 24 HRS. S. SEX 8 DATE OF BIRTH F UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED -NEVER MARRIED birthday) Months Davs Hours gny. DIVORCED WIDOWEO White Male 100 USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT KIND OF BUSINESS OR ond in during most of working ite, even if retired) OUNTRY A Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, Cecelia Elwood G. Valentine Sr. 16. SOCIAL SECURITY NO 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, ocunknown) (If yes give wor or dates of service) Б Gertrude A. Valentine 579-22-9515 Same As # buriol, cremotion, CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove nse to immediate couse (a), DUE TO Poge 4 may be retained by the hospital or attending os the prior to stoting the underlying couse hos been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? ed for use of Health p NO D TO FUNERAL DIRECTOR: After this certificate 200. ACCIDENT WAS UNDERLYING [205 OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF OFATH be detached State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. While Not While factory, street, office bldg., etc.) of work OR ATTENDING of work 21. I certify that ** (this haspital) attended the deceased from April 14. 3 should l saw the deceased alive an April 14 1967, and that death accurred at 8.40 M, fram causes and an the date stated above. 22o. SIGNATURE 22b. OATE SIGNEO MED. AM **ATTENOING** STAFF XΧ M.O. PHYS DIRECTOR PHYS. director, poge 3 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Prince Georges General Hospital Ehwin Jensen 23d. LOCATION (City or Town) 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION (County) (Stote) BEMOVAL (Specify) 1967 Cedar Hill Suitland Prince Geo. Md. ADDRESS 2So. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) W.W.Chambers Co. Inc. 517 11th St S.E. Wash.D. CoAPR 20 M 1/66



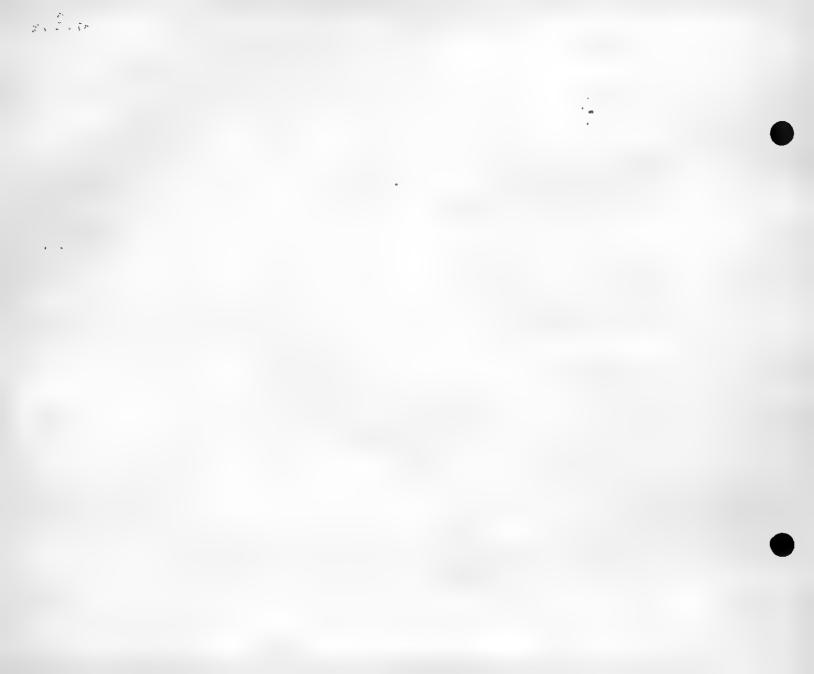
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 95735 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours ofter death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on Rea. COUNTY a. STATE b. COUNTY ely filled in by the fun-bon papers. Pages 1 c , within 72 hours after d Prince Georges MARYLAND Prince Georges Marvland b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give negrest town) College Park, Cheverly 18 days d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STRFF ON A FARM? 5019 Gerinomo Street YES NO IX PrinceGeorges General Hospital 3. NAME OF Day Year DECEASED M. (Type or print) Violet DEATH Vanagas Anri S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED last birthday) Months Davs Haurs WIDOWED K DIVORCED [Female White
100 USUAL OCCUPATION (Give kind of work dane 17 Oct 1907 59 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT cremation, or removol, and in the ottending physicion or sit permit. Then please duringgrast of working life even if retired) OWW Home COUNTRY? A. New York 14. MOTHER'S MAIDEN NAME Francis Elizabeth Stiger 13. FATHER'S NAME John William MacKenzie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no., ar unknown) (If yes give war ar dates of service) 067 16. SOCIAL SECURITY NO. 17. INFORMANT 16 1652 George Vanagas Same as #2 Son CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART ! DEATH WAS CAUSED BY INTERVAL BETWEE signed by the burial-transit burial, cremati IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (o), DUE TO stating the underlying cause os the 19 WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? Health r NO certificote 20a ACCIDENT WAS UNDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 1) of item 18) be detached for State Dept. of H OR CONFRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF IN JRY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City ar tawn) TO FUNERAL DIRECTOR: After this (Caunty) (State) Hauria.m. Not While factory, street, affice bldg., etc.) at wark at wark L 21. I certify that (1) (this haspital) attended the deceased fram be retoined and that death occurred ab 10 saw the deceased alive an MM from causes and an the date stated above. 22o, SIGNATURE 22b. DATE SIGNED M.D DIRECTOR NAME (Type) Leon Levitsky, Ave. Mt. Rainier, Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMAT ON, 23b DATE THEREOF (County) (State) Burra (pecity) 5/2/67 Arlington National Arlington Vа. 24 FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b REGISTRAR S SE VR A15 (4) 25M 1/67 Francis Gasch's Sons Hyattsville, Md.



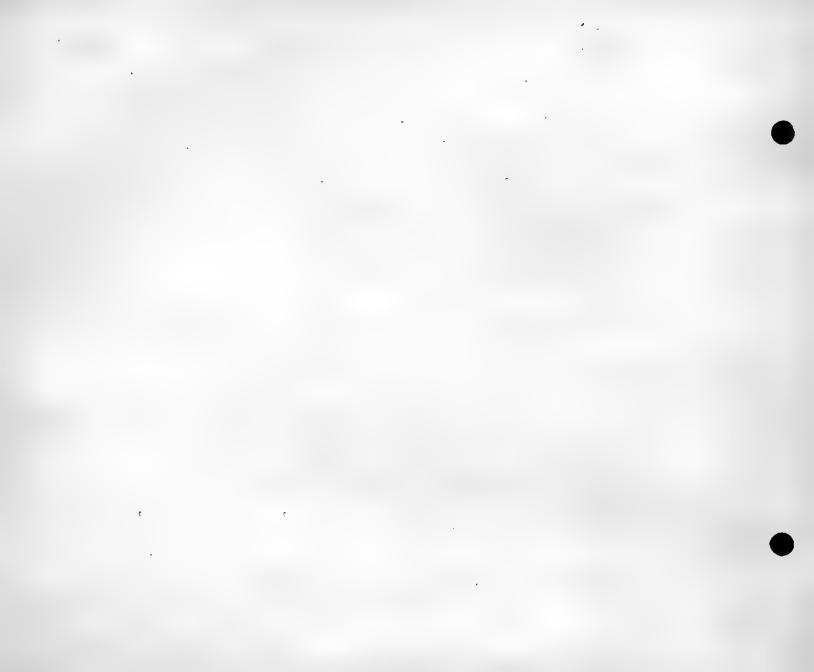
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 95736 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH , 2, and ... o. COUNTY o. STATE **b** COUNTY Prince George's Marvland Prince George's MARYLAND c CITY OR TOWN (f outside carporate imits, write RURAL and give nearest town) b CITY OR TOWN (if outside corporate limits write RURAL and give nearest town) C LENGTH OF STAY IN ID th the State Deportmen Hillside Cheverly DOA e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in bosp to a ve street address) d STREET ADDRESS olong with form please execute the certificate, writing the word "pending" in penct in Item 18. Give Pages 1, I director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form YES NO TYPE Prince George General Hospital 5264 Marlboro Pike This certificate should be executed within 24 hours after death 3 NAME OF Middle 4 DATE Month Year DECEASED Anthony 16 19 67 Vidotto DEATH (Type or print) IF UNDER 24 HRS 8 DATE OF BRTH 9 AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthday) Months Doys Hours DIVORCED WIDOWED 3 Feb. 1962 White male 11 BIRTHPLACE (State or foreign country) 10o JS JAL OCCUPAT ON (Give kind of work done during most of working life, even if retired) 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? Washington, 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME and in ony event within 72 hours Vidotto V. Robertson Mario Alice 16 SOC AL SECURITY NO 17 INFORMANT 15 WAS DECEASED EVER NUS ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of service) Mario Vidotto Same as Item No. 18 CAUSE OF DEATH (Enter on y one cause per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE (AUSE (6) Hemo-peritoneum DUE TO Laceration of liver Conditions, if ony, which gove (b) From trauma rise to immediate couse (a), DUE TO stating the underlying couse 19 WAS AUTOPSY PERFORMED? Poge 3 should be used cremotion, or removal, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBLE NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES 🗶 NO F 2Do EXTERNAL CAUSE WAS PRIMARY ™ or CONTRIBUTING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of tem 1B) 3 should CAUSE OF DEATH Pedestrian struck by truck. 20e PLACE OF INJURY (Home form, (City or town) (Stote) 20c. TIME OF IN. JRY Month, Doy, Year Hour o.m. 20d INJURY OCCURRED foctory, street, office bldg, etc.)
5200 Block Marlboro Pike, Prince Geo. Co.Md. While Not While of work of work be retained for your 2:00pm pm 4-16-21 I certify that I took charge of the remains described apave, held on Autopsy Inspect on Sc., Inquiry 10, and in my opinion Natural causes Accident 🔼 the funeral director. death resulted fram Suicide , Hamic de Undetermined manner CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 4-17-67 Hea^fth Riverdale, Md. Address (Street, city town or county) NAME Type John Kehoe. M.D. 23c NAME OF SEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BUR AT CREMATION St. Mry's Cemetery Washington, Apr. 20-1967 REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A 15ME (5) 6M 1/67 Bons Bros. 1661-Good Hope Rd SE Wash DC

toh!

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 95737 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND law requires that the death certificate be executed within 24 hours after rince alongs b. CITY OR TOWN (If outside corporate limits, signed by the ottending physician and completely filled in by the buriol-transit permit. Then please remove carbon papers. Pages c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) write RURAL and give negrest town) מ"כי אחוו" 25 min. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENC ON A FARM? 315 I turel wren in T T rd Manorial NO T 3 NAME OF First Middle Lost 4 DATE Doy Year DECEASED ocie 19 7 ...bs 20 (Type or print) DEATH S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS lost birthdoy) Days Hours WIDOWED DIVORCED 10e USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth B urdette James Beall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkgo)vn) (If yes give wor or dates of service Admitting record burial, cremation, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART DEATH WAS CAUSED BY FAILURE IMMEDIATE CAUSE (o) DUE TO ATRIAL! TACHYCARDIA Conditions, if any, which gove rise to immediate couse (a), r this certificate has been si detached for use as the b te Dept. of Health prior to b DUE TO stating the underlying couse 4 may be retained by the hospital or attending lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19. WAS AUTOPS PERFORMED? NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detoched (IF FITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (C'ty or fown) (County) (Stote) Hour o.m. Not While factory, street, office bldg., etc.) O FUNERAL DIRECTOR: After of work of work 21. I certify that (1) (this haspital) attended the deceased from . 1967, that (I) (we) lost 1967.10 4-28 and that death accurred at 10 41 PM, from couses and an the date stated above. saw the deceased alive on. 22o. SIGNATURE ATTENDING M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S RIVERDALE NAME (Type) director, should be BUR.AL, CREMATION, 23b. DATE THEREOF MAME OF CEMETERY OF CREMATORY 23d LOCADION (City or Town) (County) (Stote) REMOVAL (Specify) 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE FUNERAL DIRECTOR VR A15 (4) MAY 9 Milanlas 1967 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 35738 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) PLACE OF DEATH b. COpprince Georges a. STATEMarvland a. COUNTY Prince Georges MARYLAND fulled in by the fi c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits. c LENGTH OF STAY IN 16 write RURAL and give nearest tawn) 15 hrs Fairmont Heights Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 1010 59th Abre. PrinceGeorges General Hospital YES NO 3 NAME OF Middle 4. DATE Eirst Last Month Day Year DECEASED 19 67 Dorothy Wallace April 9 (Type or print) DEATH IF LINDER 1 YEAR IF UNDER 24 HRS S SEX DATE OF BIRTH 9 AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 36 last birthday) Manths Davs Hours 13 May 1930 DIVORCED IX **Female** Negro WIDOWED removol, and in ony 10a. USUAL OCCUPATION (Give kind af wark dane 12 CIT ZEN OF WHAT 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY during most of working life, even if retired) INDUSTRY 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME 16 SOCIAL SECURITY NO. 17. INFORMANT burial, cremation, 18 CAUSE OF DEATH (Enter only one couse per line to) (a), (b), and (c),
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (c) DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate hos been os the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health p use YES NO 20g ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City ar tawn) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, affice blda., etc.) at work 19 67 taApril 9, 1967, that (we) last 2]. I certify that (I (this haspital) attended the deceased fram April 8, saw the deceased alive an April 9. 1967, and that death accurred \$30AMM, from causes and an the date stated above. April 10,1967 22a SIGNATURE ATTENDING STAFF PHYS. M.D. DIRECTOR director, page 3 should be filed v 22d. ADDRESS 22c. PHYSICIAN'S Prince Georges General Hospital Edwin J. Jensen, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMAJORY 230 BURIAL, CREMATION, REMOVAL (Specify) 23b DATE THEREOF (State) Lincoln 250 REC'D BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 95739 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a. STATE b. COUNTY requires that the deoth certificate be executed within 24 hours after PrinceGeorges MARYLAND Mary Land PrinceGeorges
c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) tely filled in by the for-the papers. Pages within 72 hours ofte b CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 write RURAL and give nearest town) Hypettsvile Hyattsville 32 days Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO TA Prince Georges General Hospital 3400 Toledo Terr 3 NAME OF Middle Last Day Year DECEASED (Type or print) W. 8. DATE OF BIRTH DEATH Ozelle IF JINDER 24 HRS SEX 6 COLOR OR RACE 9 AGE (In years 7. MARRIED NEVER MARRIED and com last birthday) Manths Haurs WIDOWED DIVORCED On USJAL OCCUPATION (6 ve kind of work done during most of working hie, even if refired) 12 Nov., 1910 56 Female 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT U. Dept. Of Aug. by the ottending physiciary transit permit. Then please cremation, or removol, and COUNTRYS. A. Texas Inf. Spec. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removol Ada N. Johnson Robert W. Waller 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, ng, ar unknawn) (If yes give war ar dates af service) 16 SOCIAL SECURITY NO. 17. INFORMANT Ft. Worth, Texas 457 74 2414 Mrs. Gertie A. Alford 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN -transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) attending physician. signed buriol-tr buriol-tr buriol, c DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO for use os the b Health priar to b stating the underlying cause hos been last. 19. WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO YES WO this certificate 20a ACC DENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) Hour 'a.m. factory, street, affice bldg., etc.) Nat While at work L at wark O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram , ta 3 should with the be retoined 19 67, and that death accurred al.2.30 AM from causes and an the date stated above saw the deceased alive an 220 SIGNATURE 22b DATE SIGNED ATTENDING 4/2/67 director, page 3 shauld be filed v M.D DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S M.D. NAME (Type) Aaron Deitz. Prince George Plaza, Hyattsville, Md. 23c NAME OF CEMETERY OR CREMATORY Poge / 23d ŁOCATION (City or Town) 23a BURIAL, CREMATION, 23b DATE THEREOF ((ounty)_ (State) Butte YALL Specify) 4/5/67 Kappernal Keppernal Texas24 FUNERAL DIRECTOR 25g REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE Francis Gasch's Sons Hyattsville, Md. VR A15 (4) 25M 1/67

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05740 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) b COUNTY Prince George's o COUNTY Prince George's m Maryland papers. Pages 1 F.n 72 hours after MARY, AND requires that the death certificate be executed within 24 hours after C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate wonts, write RURAL and give nearest town) b CITY OR TOWN (.f outside corporate limits write RURAL and give nearest town) Oxon Hill 8 hrs.17 min. Cheverly • IS RESIDENCE ON A FARM? campletely filled in d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Prince George's General Hospital 4916 Deal Brive NO PAX NAME OF Fist Middle 4. DATE Lost Month Year DECEASED Baby Boy Wayman April 1967 please remave carb 6. (Type or print) DEATH burial, crematian, ar removal, and in any event, IF UNDER 24 HRS. IF UNDER 1 YEAR S SEX 8. DATE OF BIRTH AGE (in veors 6 COLOR OR RACE 7 MARRIED NEVER MARRIEDXXX lost birthday) Months Doys Hours Male White 4/6/67 WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT COUNTRY? INDUSTRY the attending physician sit permit. Then please Prince George's, Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Robert Hall Wayman Carolyn Lillian Heiss 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dates of service) 16. SOCIAL SECURITY NO. signed by the attendir burial-transit permit. Mother As above INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a). Page 4 may be retained by the hospital or attending physician. DUE TO Como Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar ta lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) YESDEX NO 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Home, farm, (City or lown) (County) (Stote) Hour o.m. foctory, street, office bldg, etc.) While of work Not While ot work 21. I certify that (1) (this hospital) ottended the deceased from April 6 saw the deceosed alive on April 66 19 67 and that death occurred at 11 AM, fram causes and an the date stated above 22b. DATE SIGNED 220 SIGNATURE ATTENDING STAFF PHYS. \square M.D. DIRECTOR PHYS. 22d ADDRESS 22c PHYSICIAN'S NAMF (Type) Bernardo 62)1 Riverdale Rd., Riverdale, Md. Alvarado. 23c. NAME OF CEMETERY OR CREMATORY 23d. 10CATION (City or Town) 23b. DATE THEREOF 230 BURIAL, CREMATION, (County) (Stote) Cremation Hosp. Cheverly
250. REC'D BY REGISTRAR 256. 47/22/67 Maryland PG Prince George's Gen. 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1967 Admin. Theverly, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05741 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o STATE Maryland a. COUNTY b COUNTY Prince George's Prince George's MARYLAND b CTY OR TOWN (If outside carparate limits, c CIY OR TOWN (If guts de carparate limits, write RURAL and give negrest town) c LENGTH OF STAY IN 1b gug write RURAL and give nearest town) Cheverly DOA Hvattsville a NAME OF HOSPITAL OR NSTITUT ON (If not in haspital give street oddress) d STREET ADDRESS S RESIDENCE ON A EARM? Office asang with farm 3617 65th. Avenue NO X n Item 18. Give Pages Prince George General Hospital haurs after death Midd e Last 4 DATE DECEASED Weaver (Type or print) Harold DEATH Lerov 7 MARRIED 6 COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH AGE (n years last birthday) Months WIDOWED DIVORCED Feb. 1914 male white 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or lareign country) during mest of warking life, even if retired) within 72 haurs after WASH. ef Medical Examiner's 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME pencil YORDORS 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH event IMMEDIATE CAUSE (6) Heart failure writing the ward DUE TO Arteriosclerotic heart disease over 14 yrs. farwarded ta the any Canditians, if any, which gave nse to immediate cause (a). DUE TO stating the underlying cause PART : OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? ar remaval, NO 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of noury in Part or Part II of item 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 201 (City or town) 20c T.ME OF INJURY Manth, Day, Year Haur a.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm (County) Nat While factory, street, office bldg , etc.) While DIRECTOR: Page at work of work Inspect on \mathbf{x} , Inquiry \mathbf{x} 21 I certify that I taak charge of the remains described above, held an Autopsy [] and in my apinian Natural Pauses 😽 death resulted fram. Accident -Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Dridr may be re FUNERAL ! SIGNATURE DEPUTY MEDICAL EXAMINER X **EXAMINER'S** Address (Street city town or county) John Kehoe. Riverdale, 50 250 REC D BY REGISTRAR 25b REG STRARS SIGNATURE VR A15ME (6M 1'67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 95742 CERTIFICATE OF DEATH within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY and completely filled in by the fur a remave carbon papers Pages 1 in any event, within 72 haurs after PRINCE GEORGES ANNE ARUNDEL MARYLAND b CITY OR TOWN (If outside corporate I mits. c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
ANDREWS AFB 2 DAYS SEVERNA PARK d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? 305 ST IVES YES NO X USAF HOSPITAL ANDREWS 3 NAME OF Middle DATE Month Day DECEASED OF APRIT. 19 67 Type or print) FRANKTIN WHISENAND DEATH requires that the death certificate be executed SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 6 COLOR OR RACE DATE OF BIRTH AGE (In years 7 MARRIED **NEVER MARRIED** lost birthdoy) Montas Doys MALE CAU WIDOWED DIVORCED February 9, 1911 COUNTRY? USA 100 JSUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) attending physician (sermit. Then please during most of working life, even if retired) and BROWN CO. IND IA NA USAF 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval. WALTER MARY KATHERINE LIPPS W WHISENAND 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address signed by the attendi burial-transit permit. SAME AS 2 भ गरार 05 1732 IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) MYCCARDIAL INFARCTION DUE TO ARTERIOSCLEROSIS. GENERALIZED Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 4 may be retained by the haspital or attending be detached far use as the State Dept. of Health priar to (c) WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Page 4 may be retained by my Corrificate of FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us shauld be filed with the State Dept. of Healt NO X 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part | or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Hour o.m. foctory, street, office bldg., etc.) Not While of work 21. I certify that (I) (this hospital) attended the deceased from 27 APRIL . 19 67 . to 29 APRIL _, 19<u>_67,</u> that (I) (we) last saw the deceased alive on 29 APRIT, 1967, and that death occurred at 3. 24M, from causes and on the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING 29APRIL67 DIRECTOR PHYS M.D. PHYS NAME (Type) JOHN SIMONATIS, MAJ, USAF MC 22d. ADDRESS USAF HOSP ANDREWS AFB 20331 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23b. DATE THERFOR 23d. LOCATION (City or Town) (County) (Stote) BITTAL (Specify) Fort Myer, Virginia 1967 Arlington National 2 2Sb. REGISTRAR'S SIGNATURE *ADDRESS 2So REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) Ind., Alexandria, Va. Fineral Homes. The Demaine 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05742 35743 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o COUNTY Prince George's o STATE h COUNTY Maryland MARYLAND delay with the State Department b CITY OR TOWN (f outside carparate mils c CITY OR TOWN (If autside corporate am ts, write RURA, and give nearest town) C. ENGTH OF STAY IN Th and 2, b. Oakland d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? 5505 Walker Mill Road Pr. Gme. Gen. Hosp. Pages NO K YES 24 hours after death alang with NAME OF First M-ddle 4 DATE Last Month Year DECEASED SYDNEY MUIDD April 19 67 WILDMAN in Item 18 Give (Type or print) DEATH SEX 6 COLOR OR RACE DATE OF BIRTH AGE (n years FUNDER 1 YEAR IF LINDER 24 HRS 7 MARRIED NEVER MARR ED birthdoy) Months Dovs White March 9, 1915 Hours Male WIDOWED D VORCED Office (I and 2 11. BIRTHPLACE (State or foreign country) 10o. LSLA, OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 12 C TIZEN OF WHAT during most of working tile, even if retired) haurs after Maryland pencel 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within Thomas H. Lita Sheppard Wildman 17 INFORMANT any event within 72 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes a ve war or dates of service "pending" Same as Dorothy G. Wildman Wife 10 18 CAUSE OF DEATH (Enter only one couse per line for (a) INTERVAL BETWEEN burial-transit PART I DEATH WAS CALSED BY ONSET AND DEATH .MMEDIATE CAUSE (a) writing the ward DUE TO Conditions, if any, which gove (b) rise to immediate couse (a). and in DUE TO stating the underlying couse farwarded removal, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BLT NOT RELATED TO THE TERMINAL ASEASE COND.I.ON GIVEN IN PART IIO) 19 WAS AUTOPSY PERFORMED? 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 3 should shauld crematian, or EDICAL EXAMINER: CAUSE OF DEATH MEDICAL 20c TIME OF INJURY Month Day, Year (Stote) Not While DIRECTOR: Page please execute 21. I certify that I taak charge of the remains described above, held on Autopsy 🔀 Inquiry 34 Inspection and in my apinian Suicide death resulted fram Natural causes Acc dent 😾 Ham cide Undefermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASS STANT MEDICAL EXAMINER funeral FUNERAL DEPUTY MEDICAL EXAMINER p Heaith . Address (Street city, town, or county) NAME (Type) 230 BLR AL CREMATION 23d LOCATION 'City or Town) 0 REMOVAL (Specify) Mt Olivet Cemetery April 10, 1967 Washington D. C. Burial 2Sb REGISTRAR S S GNATURE 24 FUNERAL D RECTOR **ADDRESS** 250 REC D BY REGISTRAR VR A 15ME (5) F. Gasch's Sons Hyattsville, Md. 6M 1767

I .

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 24 hours after death. death. by the funeral Pages 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) b. COUNTY a. COUNTY o. STATE Maryland Prince Georges Prince Georges MARYLAND b CITY OR TOWN (If auts de corporate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) 2hrs.41mins Hyattsville Cheverly d STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 2117 Guilford Rd.: Apt. 301 NO [Prince Georges General Hospital The law requires that the death certificate be executed within NAME OF Middle Lost Day DECEASED Christine 19 67 Williams (Type or pnnt) DEATH April burial, crematian, ar removal, and in any event, IF UNDER 9. AGE (In years YEAR IF UNDER 24 HRS. S SEX 8. DATE OF BIRTH 6. COLOR OR RACE **NEVER MARRIED** last birthday) Months Dovs Hours DIVORCED WIDOWED April 18, 1967 White Female 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 10a, USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY Cheverly, Pr. Geo. Co attending physician sermit. Then please 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Veronica Gorman Norman Allen Divver 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng. or unknown) ((If yes give war ar dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for for (b), and (c)) burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY 4thRoblas signed by IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Canditions, if any, which gave nse to immediate cause (a), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been detached far use as the te Dept. af Health priar ta 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) YES X NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of Item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, 20f. (City or fown) (County) (State) 20d INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Hour o.m 2 While Not While at work at work 21. I certify that XF (this hospital) attended the deceased fram April 18, , 167, to April 18, 1967, that (tk (we) last saw the deceased alive an April 18 1 1967, and that death occurred at 2:15 Maxfram couses and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING M.D DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN NAME (Type Prince Georges General Hospital director, should b 230. BURIAL, CREMATION REMOVAL (Specify) Cremation 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Store) DATE HEREO Prince George's Gen. Hosp Cheverly 29/67 Maryland 25b REGISTRAR S SIGNATURE 2So. REC'D BY REGISTRAR **ADDRESS** 24. FUNERAL PARECTOR VR A15 (4) Admin. Cheverly, Maryland 20 M 1/66



1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	05745 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	744
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence a COUNTY a. STATE b. COUNTY	befare admission)
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d within 24 hours after death If of in pencil in Item 18. Give Pages 1, Examiner's Office a ang with farm File pages land 2 with the State De 2 hours after death.	3 NAME OF F1ST Middle Last 4 DATE Month OF OF	Day Year
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be executed within pending" in pendil ef Medical Examine nsit permit. File pagent within 72 hours of	(Yes, no, or unknown) (If yes give water dates of service) 218-16-0486 Mrs. Edith Windsor Bra	ndywine MH
d be executed "pending" (hief Medical transit permit event within	(a) CAUSE OF DEATH (Enter only one cause per one for (a), (b) and (c).)	INTERVAL BETWEEN
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ord vard ne C al-tr	DUE TO And infarct of brain stem	
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	21. I certify that I took charge of the remains described above held an Autapsy 🔀, Inspection 🛣, Inquiry 🔀,	and in my apinian
se exector. Portor. Po	deoth resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined monner	, ,
MEDICA please ex I director. retained i	ACTUAL 1 / X CHIEF MEDICAL EXAMINER	45
	SIGNATURE MD ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
DEPUTY cessary, e funera may be funeral alth pric	EXAMINER'S DEPUTY MEDICAL EXAMINER X	1 1 612
	NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street city town or county) 230 BURIAL CREMATORY 231 DATE THEREOF 232 NAME OF SMITHER OF CREMATORY 230 DOCATION (City or Town) (4-4-67 (aunty) (State)
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